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ABSTRACT

This report describes a one-year feasibility study to design a functional child development model for infant day care in Hamilton County, Ohio. Mothers of babies under 18 months were interviewed by telephone to determine use of and interest in infant day care. Assessment was made of existing resources for full time day care in the county (location, capacity, costs, programs and support services) and needs were identified. Three types of infant day care models were proposed: (1) the satellite model, a system which links the day care home providers with a day care center or community resource facility; (2) the home model, a system which delivers direct services through use of a home visitor as main link to outside resources; and (3) the center model. All three types of models (described in detail) emphasized inservice training as an integral program component, active encouragement of caregiver-parent communication, and full utilization of community resources. Recommendations, details of survey instruments, elaboration of findings, model-component charts, implementation plans and model budgets are included. (BF)

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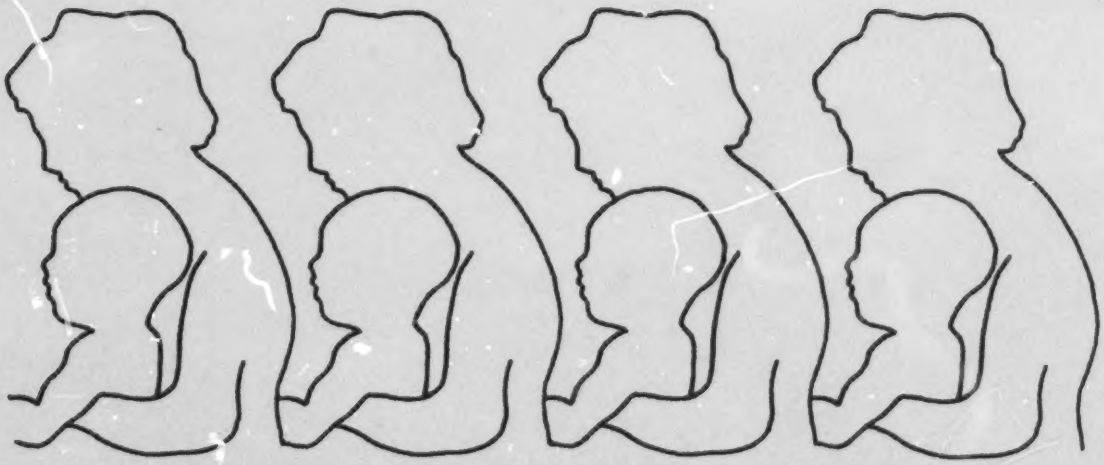

Infant Care In Hamilton County: 4C Final Report and Model Designs

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Comprehensive Community Child Care
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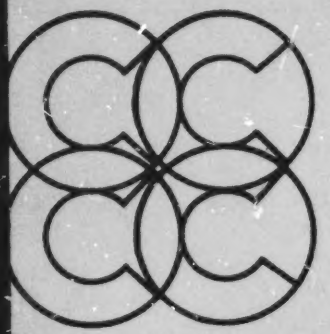

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The 4C Infant Care Committee, who generously gave their time and technical knowledge to provide valuable feedback to staff suggestions and plans, are the following:

Earladeen Badger	University of Cincinnati College of Medicine
Beverly Burke	Procter and Gamble
Florence Chamberlain	Cincinnati Public Schools Metropolitan and Family Life
*Ann Dorsey	Department of Early Childhood University of Cincinnati
Ruth Dunker	Cincinnati Public Schools Metropolitan and Family Life
Grant Gilbert, M. D.	Cincinnati Health Department
Yasna Hood	Seven Hills Neighborhood House

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Margery Jaffe ..... 4C Board Chairperson

Ginny Paine-Jones ..... Department of Early Childhood
University of Cincinnati

Alyce Knox ..... Wesley Day Care Center

Marilyn McFarland ..... Cincinnati Public Schools
Vocational Education

Vera Ramstetter ..... Cincinnati Public Schools
Vocational Education

Thomas Winborne ..... Procter and Gamble

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PREFACE

Why did we study infant day care? Who needed it? What interest did it have for the Community?

Certainly these were legitimate questions and all of them had been asked. However, the precedents and the background information that we had on the subject indicated the topic of infant care, particularly in Hamilton County, merited our immediate attention.

When we looked back to September 1970 and the report, "Windows on Day Care in Cincinnati",[1] we found:

> In Cincinnati, there are virtually no day care center facilities for infants or school age children. The choice becomes to give up one's career or find private baby-sitters "in your home or mine".

Updating the expressed need in 1970, an April 1974 report, "Child Day Care in Hamilton County: Current Status and Need"[2] stated:

> The need for a system of certified day care homes and aides available to the broad community is directly related to the need for infant care in the Community. The development of this service system should be given the highest priority.

Further information from this same report illustrated that among the four licensed full-day infant care centers in Hamilton County the combined infant capacity was thirty-eight. Of the four licensed centers, three were located in the county and one in the city.

In addition, the 1970 Census[3] stated that there were 13,992 married women with children under six in the labor force in Hamilton County.

The discrepancy between the numbers of women working and the availability of licensed care appeared to be quite significant. We did have evidence to merit giving the subject of infant day care in-depth research. In fact, we had a <u>responsibility</u> to study the topic.

To assist Comprehensive Community Child Care (4C) to fulfill its responsibility to study the need for infant day care in Hamilton County, a proposal from 4C titled "Feasibiltiy Study to Design a Functional Child Development Model for Infant Care", was funded by the Procter and Gamble Foundation in the spring of 1975. The Infant Care Committee was then established at 4C. This committee included specialists in the fields of Early Childhood Development and Infant Stimulation, whose prime purpose was to provide technical assistance to the staff person, the Infant Care Project Director.

SECTION ONE

SURVEY OF PARENTS OF INFANTS IN HAMILTON COUNTY

The One Year Feasibility Study to Design a Functional Child Development Model for Infant Care was composed of four major areas:

1. Assessment of Infant Care (present) Resources in Hamilton County,
2. Assessment of Infant Care Needs,
3. Assessment of Program Models in Centers and Homes around the Country,
4. Conclusions and Recommendations for a Hamilton County Infant Care Model.

As cited in the Preface, we knew there were few resources for licensed or certified infant care. Collection of specific data was important, but relatively little Project time was required to complete the Assessment of Infant Care Resources in Hamilton County.

Our major effort in the first few months of the Project was focused on the design and implementation of the survey of parents of infants.

I. ORIGINAL PLAN

A. DEFINITION OF "INFANT"

In June of 1975 at the first meeting of the 4C Infant Care Committee, a consensus was reached on using the definition of infant as stated by the State of Ohio Department of Public Welfare. (from "State Laws Governing Child Day-Care" as used in Chapter 5104 of the Revised Code-Section 5104.01 E).

> "Infant" means a child under eighteen months of age including any child who has not yet reached the steady walking state or who requires the use of diapers.

B. ATTITUDE SURVEY

The Project's Plan was to survey mothers in Hamilton County who had a child 0-18 months old. In other words, we would sample the opinion of that portion of the population most likely to use infant day care.

C. RESEARCH OF PREVIOUS STUDIES

A search of previous child care surveys conducted by community groups (such as 4C organizations) in other cities indicated that:

1. The method of survey in almost all cases was a face-to-face interview at the home of the interviewee and
2. The majority of surveys concerned total child care needs (no restrictions on age).

In addition, the two research consultants on this Project reviewed seventy-eight previous child care need studies

documented in literature in the University of Cincinnati Library.[1]

D. COMMUNITY OPINION SOLICITED

During the time the research consultants were reviewing the U. C. Library literature, notices were mailed to two groups in the community to solicit "question suggestions" from around Hamilton County. Mailings were sent to:

1. 4C Policy Board Members and
2. Other people in the child care community (See Appendix A, Exhibit I, A, p.5).

This totally open request for questions resulted in no response.

E. THE SURVEY DRAFT AND REACTION TO IT

Using the review of questions from past surveys as a reference, we developed a draft survey to meet our specific purposes for studying infant care in Hamilton County. The draft survey was eighteen pages long and included such topics as:

1. Family and other peoples' attitudes towards women working outside the home;
2. Arrangements people usually make for infant care;
3. Reasons why people would be or are using infant care;
4. Number of infants people would like to see in one group and desired staff/child ratio;
5. Physical facilities, staff and administration.

Having developed a draft survey, we were determined to once again try to solicit feedback, response or criticism from the child care community. When people were given a draft

survey to look at, they could and did respond.

Some of the most valuable comments we received were:

1. "Too long";
2. "Some information asked was too personal or was not necessary; what people "feel" about women working is not essential information";
3. "Need to know the kinds of questions trying to be answered in the questionaire";
4. "Group questions asked of the non-employed and the employed together".

As responses to the Draft Survey were returned to us, we began to see some grouping, some clustering of responses around several issues. The response with the most consensus was that the survey was very thorough but too long. Further analysis of the responses revealed several small clusterings which, upon closer look, all addressed a very basic issue. The Draft Survey really focused on attitudes and opinions. The design of our Draft Survey, as researched from the literature, followed the precedent of many other previous child care need studies, yet there was a nagging question some of the responses asked which held our attention. "How would the information from the Draft Survey help us design an Infant Care Model?" In the Draft Survey many "interesting" questions were asked but how would the results change or influence what we designed?

If, for example, we could document how many mothers had the emotional support of their family for working outside the home, what would this really tell us about the type of infant care we would design? The reasons why a mother worked were

her personal decision and her family's concern; the type and quality of the care for the infant once that personal decision was made was our concern. This awareness brought us to a significant decision. To complete our assigned task of designing feasible models for infant care we needed to know what type of information we had. We needed to know how to gather facts rather than attitudes.

II. IMPLEMENTED PLAN

A. NEW CRITERIA TO CONSIDER

During the month of July, the services of the Market Research Department at Procter and Gamble became available to the Feasibility Project. With it's experience in opinion-sampling and survey design, the department was invaluable in assisting us to sharpen our thinking. The same question some people in the child care community had already raised, ("What do you have to know to design a model?") was asked again, this time with more specifics:

1. To whom will the survey be reported? Who will the audience be? Will it be local, state and federal funding sources; the general community; or foundations?
2. What decisions will the survey help us make?
3. What information would we like to know to design a program?
4. If we want this information, in what way will we use it?
5. What information do we need for a final report?
6. What sub-groups or breakouts of information do we want?
7. If we did not obtain certain information, could we explain why not?

B. EVOLUTION FROM THE ATTITUDINAL TO A USAGE SURVEY

It was at this point that we seriously considered: what is the information we need from parents which we do not know? We needed some answers to questions such as:

1. What amount of infant care is presently being used in Hamilton County?
2. What type of care is desired?
3. What is the regularity of use of this care?
4. What amount of time is involved?
5. What category of person is presently caring for infants?
6. What is the cost?

Thus, the phenomonon which occurred over a period of several weeks was that the design of our survey evolved from an attitudinal to a usage survey. Basically, instead of asking parents of infants to project into the future what they would do or like, we shifted our focus to ask them "What are you now doing with your infant?"

C. RATIONALE FOR CONDUCTING A USAGE SURVEY

The major reason for conducting a survey was that there was no available information in Hamilton County concerning the usage of care for infants (0-18 months) by someone other than the mother. The major reason for conducting a usage survey was that by collecting hard, factual data, we would be able to:

1. Establish a fairly accurate picture of how many infants are presently receiving care from someone other than their mother and,
2. Design infant care models tailored to what parents in Hamilton County would use.

III. SURVEY DESIGN

A. GOALS

To determine:

1. The percentage of mothers presently using infant care on a regular basis,
2. The frequency of the care,
3. Who provides this care and its cost,
4. Attitudes towards center and home care, and
5. The percentage of mothers who tried to get regular baby care and who were unsuccessful.

B. THE POPULATION

As mentioned earlier, the survey population was limited to mothers in Hamilton County with 0-18 month old infants. During the eighteen month period (March 1974 to August 1975), according to the local Health Department, there were approximately 23,000 births in Hamilton County.

C. THE SAMPLE

The random sample was drawn from mothers who had delivered between March 1974 and August 1975 in Hamilton County. One limitation of the survey by telephone was that a current, reachable telephone number (from the April 1975 directory) was necessary for a mother to be included in the sample called.

D. THE METHOD

Interviews were conducted from September 16-26, 1975 in Cincinnati, Hamilton County, Ohio. The mothers were interviewed by telephone by Procter and Gamble Market Research Department investigators. Each telephone number was dialed up to five times.

At least one call was made at each time of the day (morning, afternoon, evening -"evening" began at 5 p.m.) and the second, third and fourth calls to a number were made at different times of the day and not all calls to a number were made on the same day. The goal was 400 interviews. At least 100 of the interviews came from births reported in each of the following time periods: March-August 1974, September 1974-February 1975, March 1975 - July 1975.

For numbers that were disconnected or changed, the operator was called and an attempt was made to obtain the new number. The Market Research investigators recorded the interview responses on cards to be tabulated by computer.

E. DISTRIBUTION OF INTERVIEWS

Three hundred ninety eight interviews were completed from a random sample of eleven hundred natural mothers for whom telephone numbers could be located. (Adoptive mothers were excluded from the sample). The completed interviews were reasonably representative of natural mothers residing in Hamilton County with babies born between March 1974 and August 1975.

IV. SURVEY FINDINGS: Complete Results of Baby Care Need Survey. See Appendix A, II, A, p.9.

In order to project the percentages from the Survey to the population the number of births for an eighteen month period was determined. Over the last several years there have been approximately 23,000 births per eighteen months in Hamilton County. We used this approximate 23,000 births as the total population represented by our random sample of 398.

SELECTED SURVEY FINDINGS

	Percent of 398	Estimated Population based on 23,000 births per 18 months
	%	#
1. BABY CARE BY SOMEONE BESIDES MOTHER		
Regular defined: "at least once a week most weeks"	26	5,980
No regular baby care	74	17,020
2. FREQUENCY OF BABY CARE		
3 or more times per week	14	3,220
2 or one times per week	12	2,760
No regular baby care	74	17,020
3. PERSON WHO PROVIDES BABY CARE		
Father/Relative	15	3,450
Sitter/Friend/Neighbor	10	2,300
Other	1	230
No regular baby care	74	17,020
4. PAYS, DOES NOT PAY FOR BABY CARE		
Pays, (Sitter/Friend/Neighbor/Relative)	12	2,760
$20.00 or less	7	1,610
$21.00 to $40.00	4	920
No answer	1	230
Does not Pay (Father/Relative/Neighbor)	14	3,220
No regular baby care	74	17,020
5. ATTITUDE TOWARDS USE OF A CHILD CARE SERVICE		
A child care center that offers very good care for six or more babies with much special attention for each baby		
Definitely/Probably would use	41	9,430
Definitely/Probably would not use	59	13,570
A private home where someone offers very good care for two babies in her home with much special attention for each baby		
Definitely/Probably would use	37	8,510
Definitely/Probably would not use	63	14,490

NOTE:
Respondents who had baby care less than once per week were not asked questions 2-4.

V. CONCLUSION

Approximately 6,000 infants are presently being cared for by someone other than their mother at least once a week. Approximately 3,200 infants are regularly cared for by someone other than the mother three to six times a week. Approximately 2,800 mothers are paying for their infant care. Approximately 2,500 infants are being cared for, on a paid basis, by someone other than the father or relative in a situation which is neither licensed nor certified.

VI. SOME IMPLICATIONS FOR THE DESIGN OF INFANT CARE

To be able to make knowledgeable predictions for designing future methods of infant care, we needed to study well the present patterns of care in Hamilton County. Therefore, we concentrated our attention on that portion of the population of Hamilton County who had a 0-18 month old child living with them at the time (September 1975) we drew a random sample to survey by telephone. Then, we considered most closely a subgroup of this population, those mothers who had a 0-18 month old infant living with them and who also were having someone besides themselves care for their baby on a regular basis (at least once a week, most weeks). This subgroup was called "regular users" and from our telephone survey of 398 randomly selected mothers, 26%, or approximately 100 mothers, were identified as "regular users of infant care". From the Analysis of Survey Findings Summarized (See Appendix A, III, A, p. 23) we drew the following implications:

INFORMATION FROM THE 26% REGULAR USERS ONLY

SURVEY FINDINGS SUMMARIZED	IMPLICATIONS FOR DESIGN OF CARE
1. REASON FOR MOTHER USING CARE	1. REASON FOR MOTHER USING CARE
(a) Four-fifths employed, in school or in job training.	(a) Most mothers need: - regular, dependable care - an arrangement which can last over a period of months - consistency of care -potential for a contractual agreement, favorable to both parties: parent knows, (can predict fairly accurately) "my courses will last this long (weeks, months) or my job will last this long, therefore I can assure provider regular income" - provider who can make long-range plans: "this child will be with me ___(weeks, months), it will be worthwhile for me to: buy new toys, plan to purchase food he/she likes"
(b) One-fifth not employed, not in school, nor in job training.	(b) A few mothers use infant care regularly but may not use it on the same schedule week-to-week.
2. FREQUENCY OF BABY CARE (TIMES/WEEK)	2. FREQUENCY OF BABY CARE (TIMES/WEEK)
Average times per week among mothers with regular care: 3.1.	From number 1, above, we have established that the majority of regular care could be scheduled. However, if the average number of times of use per week is 3.1 times, it appears that several alternatives to all-day, everyday care are needed. A "Planned-Option" might be the answer, i.e. Monday, Wednesday and Friday or Tuesday and Thursday or some other combination that could be regularly scheduled each week so that prior planning (by parent and provider) would be feasible. This arrangement would be possible for either a center or a day care home. However, when waiting lists are long for infants, centers will probably opt to accept a full week child over two split week children.

SURVEY FINDINGS SUMMARIZED	IMPLICATIONS FOR DESIGN OF CARE
3. BABY CARE DAYS	3. BABY CARE DAYS
(a) Care on one or more weekdays: three times per week is used almost three times as often as is care on every weekday.	(a) At present, centers are at capacity with full day, full week children and there are waiting lists for that amount of care. In addition, the survey indicates that many parents are using some form of "Planned Option".
(b) Approximately one-third of all regular users have no regular day.	(b) No regular day might mean that care is needed on a Monday morning one week or a Thursday afternoon another week. This type of need requires a good "drop-in" service—it is difficult to plan ahead for this infant. A good "drop-in" service must keep a file box handy with information on each child ever cared for so that as the child arrives a quick reference will refresh the caregiver on the individual needs of this child. Some type of reference system is crucial, for either center or home care. A center might consider keeping a "drop-in" slot for one or two "regular" children, with only one "drop-in" allowed at the center at a time. A drawback, however, is the scheduling of this arrangement and the lack of planning possible to meet the individual child's needs.
4. BABY CARE HOURS	4. BABY CARE HOURS
(a) The largest single time period requested was for "morning and afternoon".	(a) This request for "morning and afternoon", coupled with the information (in 2. above) that average frequency was three times per week, would seem to lend support to the "Planned-Option". In other words, a need for a few days care, scheduled, but not every weekday.
(b) The combination of "morning only, morning and afternoon, afternoon only" equaled one-half of all regular users.	(b) Half of the present regular users are scheduled during a "normal workday", what are the other half doing? We know that all the licensed centers and the majority of Hamilton County Welfare Department certified day care homes are available only during this approximate 6 A.M. to 6 P.M. time.

SURVEY FINDINGS SUMMARIZED	IMPLICATIONS FOR DESIGN OF CARE
	Several needs seem to be indicated: -half of the regular care is either at unscheduled times or in the evening -neither category of unscheduled or evening time falls within licensed or certified care time. -the combined effect seems to indicate there is a market for certified/licensed care in the evening or at unscheduled times.
5. AMOUNT PAID FOR BABY CARE IN A TYPICAL WEEK	5. AMOUNT PAID FOR BABY CARE IN TYPICAL WEEK
Almost twice as much paid care costs $20.00 or less per week than $21.00 or more.	In Hamilton County, at present, almost all licensed or certified infant care costs more than $21.00 per week.
6. NUMBER OF OTHER CHILDREN UNDER FIVE YEARS	6. NUMBER OF OTHER CHILDREN UNDER FIVE YEARS
When the regular source of care is someone other than the father, approximately three-fifths of all infants are cared for alone or with just one other child under five years.	ADVANTAGES Provider is relatively mobile indoors and out Provider can give a lot of attention, individualize. PROBLEMS Relatively high unit cost for delivering training to the provider caring for one infant.
7. PARENTAGE OF THE OTHER CHILDREN UNDER FIVE YEARS	7. PARENTAGE OF THE OTHER CHILDREN UNDER FIVE YEARS
(a) In four-fifths of the situations in which infants are receiving provider care with other children, the "others" are siblings.	(a) With the majority of other children around the infant being siblings, there is continuity between the child's home and the child care setting. -Because the majority of infants are being cared for alone or with siblings, future planners need to be aware that this is a pattern to which parents (to say nothing of the children) have become accustomed and, therefore, changes need to be

SURVEY FINDINGS SUMMARIZED	IMPLICATIONS FOR DESIGN OR CARE
	carefully considered. With fewer than 100 licensed slots for the care of infants in Hamilton County (compared to the total of approximately 2,800 infants receiving paid care) few parents or infants have had experience with the group care of several infants at one time.
(b) Of the remaining one-fifth receiving provider care, the majority, (by 2 to 1) of the other children belong to the provider.	(b) In practically all cases in which a provider is caring for an infant, if other children are also being cared for they are either the infant's siblings or the provider's children. For both the infant and provider, this would appear to be a stable, consistent situation. This arrangement of a "family grouping" is possible in both a center or a home. (Sometimes called "vertical grouping" or "mixed age").
8. NUMBER OF CHILDREN UNDER TWENTY MONTHS.	8. NUMBER OF CHILDREN UNDER TWENTY MONTHS
(a) Of the infants receiving provider care, four-fifths are the only child under twenty months.	(a) At present, the opportunity for the provider to interact and respond to the infant seems favorable.
(b) Of the remaining one-fifth only one other infant is being cared for.	
9. BABY CARE CONCEPTS (See Appendix A, II, A, p.14 for details)	9. BABY CARE CONCEPTS (See Appendix A, II,A,p.14 for details)
(a) When respondents were asked how likely would they be to use a child care center, or child care in a provider home, their preference was almost identical for each.	(a) This finding gives the designer freedom to plan either a center or a home program. It is interesting to note that in Hamilton County, (as is the case across the country) the great majority of infant care is in homes. However, with almost no personal experience concerning center care, mothers claimed they **would** (projection) use this form of care at least as much as home care.

SURVEY FINDING SUMMARIZED	IMPLICATIONS FOR DESIGN OR CARE
(b) Twice as many respondents expressed a lack of information concerning centers as against homes by remarks such as "need to know more about" or "not know cost"	(b) For a designer of a new program this finding would seem to indicate the need to publicize what a center is, does and costs. Again, it is interesting to note that, by two to one, mothers said they knew less about center than private home care, yet as evidenced in (a) above, they had approximately equal feelings about it as a concept. One can only speculate on what basis the opinion is formed!

SECTION TWO

INFANT CARE RESOURCES IN HAMILTON COUNTY

PART ONE: ASSESSMENT

I. INFANT CARE LICENSED OR CERTIFIED

When the Infant Care Feasibility Study began in May of 1975 the foremost task was to determine what resources were available at that time for full-day infant care. Little time was needed to determine that, across Hamilton County, the certified or licensed slots were available in the following categories:

1. Day care centers accepting infants (under the age of eighteen months) licensed by Cincinnati Health Department Licensing Division or State of Ohio Public Welfare Department, Day Care Licensing Division.

2. Day care homes accepting infants certified by:

   (a) Hamilton County Welfare Department Day Care Unit or

   (b) Seven Hills Neighborhood House, Child Development Unit.

II. INFANT CARE NOT LICENSED OR CERTIFIED

We know this type of care exists, but at present, we have no system by which to document it.

III. INFORMATION MAY BE OBTAINED FROM THESE SOURCES

A. CERTIFIED DAY CARE HOMES

1. Hamilton County Welfare Department, Day Care Unit
   Ms. Sandra Smoot, Supervisor

2. Seven Hills Neighborhood Houses
   Child Development Unit
   Ms. Norma Smith, Day Care Home Coordinator

B. LICENSED INFANT DAY CARE CENTERS

1. Director of each center. (See Appendix B, Exhibit I, B, p.3 for center and director).

IV. QUESTIONNAIRE TO INFANT DAY CARE CENTERS

To be able to collect consistent information from each center, a questionnaire survey form was developed. (See Appendix B, Exhibit II, B, p.4). This questionnaire was taken to each center and completed by means of a conference between the Project Director and the Infant Center Director. The visit also provided an opportunity for the Project Director to tour the center with the Center Director.

When visits to all centers had been completed, a summary of the questionnaire was compiled. (See Appendix B, III, B, p.6). Selected information from the summary follows:

SELECTED SUMMARY OF THE QUESTIONNAIRE TO LICENSED INFANT CENTERS[1]

1. Staff to Child Ratio:

   1 staff to 8 children in county
   1 staff to 6 children in city

2. Location

	CAPACITY FOR UNDER 18 MONTHS	COST PER WEEK	MINIMUM AGE LIMIT IN MONTHS
(a) City			
(1) Wesley Child Care Center 103 Wm. Howard Taft Rd. (06)	6	sliding scale	6
(b) County			
(1) Children Unlimited, Inc. 7872 Clovernook (31)	16	* $33.00 + $30.00	3
(2) Deer Park Christian Day Care Center 4220 E. Galbraith (36)	8	$25.00	new-born
(3) Mini Skool 10991 Hamilton Ave. (31)	26	$33.00	3
(4) Mini Skool 1459 East Kemper (46)	32	$33.00	3
(5) Little House 2347 Magdalena (31)	2	$25.00	6
*(up to 12 months of age) +(12-18 months of age)	Total 90	Aver. $30.00	

3. Source of Funds

(a)	Parent fees	6 centers
(b)	Welfare	1 center
(c)	Community Chest	1 center > same center
(d)	Federal food subsidies	1 center
(e)	Other	1 center

4. Organizational Information

(a)	Incorporated	3 centers
(b)	Profit	4 centers
(c)	Non-Profit	2 centers

[1] Cost per week updated as of February 1976, remainder of information completed in summer 1975.

5. Food Programs

(a) Department of Agriculture Special Food Programs: Same center
(b) State of Ohio Food Distribution Program uses both

6. Personnel Information*

POSITION	ANNUAL SALARY RANGE	ANNUAL AVERAGE SALARY	REQUIREMENTS RANGE
Director	$4,680-14,000	$9600	High School-MA
Head Teacher	2,080- 9,000	5250	High School-BA
Assistant	2,080- 7,000	4416	High School-BA
Aide	2,080- 6,000	4153	High School Diploma
Cook	2,340- 6,000	4101	Exper.-High Schl.dpl.

*Based on 5 centers reporting

Requirements for employment included: "being a Church member, age 18", "experience with infants", and "be a mother".

7. General Information

(a) Normal waiting period for enrollment: more than one month.
(b) Number of infants with handicaps currently enrolled: 0.
(c) Hours of operation range: 6a.m. - 6 p.m.
(d) Days service is available: Monday - Friday.
(e) Number of weeks centers are open per year: 52.
(f) Number of holidays per year centers closed range: 2-7 days
average: 5 days.
(g) Number of volunteers or students at centers range: 0-1.

8. Staff Training Conducted by the Center

(a) Training specifically for care of infants provided at four centers; no specific training at two centers.
(b) At the four centers which provide training, the following was listed:
two centers: booklets on infant care and development by Fowler.
one center: observation and reading materials.
one center: understanding age levels of infants and patience with potty training.

9. Supportive Services

(a) Doctor or nurse available at center daily at two centers; not available daily at four centers.
(b) None of the centers have a social worker available on a regular basis.

10. Parental Involvement

(a) At two centers parents occasionally stay to observe for part of the day.
(b) Parents are not involved in the daily program at any of the centers.
(c) One center has an open house.

11. Emergencies

In addition to Fire Code requirements:

(a) At two centers each infant room has doors leading outside.
(b) One center has fire drills.

A follow-up to the initial "Questionnaire visit" was conducted in late October/early November to each infant care center.

The purpose of this full-day visit was to observe/absorb what happens in a day at an infant center in Hamilton County. A summary sheet of these visits is in Appendix B, IV, B, p.9.

As the Project Director visited centers and briefly described the Feasibility Study, Center Directors indicated they did not know of the existence of all the other licensed centers or where they are located. Copies of "Hamilton County Centers Serving Infants" (as seen in Appendix B,I,B,p.3.) plus the "Summary of the Questionnaire" as seen in (Appendix B, III, B,p.6.) were mailed to each Center Director. Feedback from Center Directors indicated the listing of licensed centers was helpful to them in referring callers elsewhere if they were at capacity.

V. HAMILTON COUNTY WELFARE DEPARTMENT CERTIFIED DAY CARE HOMES AND AIDES

During the initial visit at the Hamilton County Welfare Department the Day Care Unit Supervisor offered to conduct a special computer run for our study. This information follows:

1. Location (between January 1, 1975 and July 1, 1975).

(a) City - or mostly city - Prefix 452 for all zip code numbers

Zip Code	02	03	04	05	06	07	09	10	13	14	16	17	19	20	23	24	25	29	32	37
Infants	1	7	1	1	26	20	2	13	12	17	1	7	9	3	7	6	18	29	9	10

(b) Mostly County - Prefix 452 for zip code numbers.

Zip Code	11	12	15	27	30	38	39
Number of infants	2	7	8	6	1	2	3

(c) All County

Zip Code	41311	45140	45226	45231	45236	45242
Number Infants	1	2	1	1	1	2

(d) Other - The following zip codes had no infants receiving care through the Hamilton County Welfare Department between January 1, 1975 and July 1, 1975.
Prefix 452 to each: 08, 18, 21, 22, 28, 33, 34, 35, 40, 41, 42, 43, 44.

2. Numbers

A total of 243 infants received care paid for by Hamilton County Welfare Department between January 1, 1975 and July 1, 1975. Infant Care was provided in the following manner:

- Day Care Homes (out of infants' own home) = 210
- Day Care Aide (in infants' own home) = 26
- Day Care Center = 7

3. Capacity

In most cases only infants (0-18 months) are being cared for by a home provider or aide. Therefore, approximately 227 separate facilities are used to care for the infants.

Regulations for certification of a home through the Hamilton County Welfare Department state that no more than two children under the age of two may be cared for in one home.

4. Cost

(a) To Welfare Department

As of February 1975 the Welfare Department paid the following for day care:

Day Care Home: (day care home = individual who provides services in own home to children for part of a 24 hour day). Rates listed are per day, per child:

Full day --- one child ---	$4.25
each additional child	$3.25
Part day --- (less than 5 hours)	
--- one child ---	$3.75
each additional child	$2.75

Day Care Aide: (individual who provides services to children who remain in their own home for part of a 24 hour day). All rates are per day per child:

Full day --- one child ---	$3.75
each additional child	$2.25
Part day --- (less than 5 hours)	
--- one child ---	$2.75
each additional child	$1.25

(b) To Parent

If the family income is <u>below</u> $7,200 for a family of four, no fee is charged. If the family income is <u>above</u> $7,200, a fee schedule is used and the Welfare Department will pay some portion of the cost of child care --- this "income eligible" partial fee is made possible under Title XX. However, most infant care paid through the Welfare Department is to families on public assistance.

(c) To Day Care Provider

We do not have figures to determine what the cost is to the provider.

5. Provider Requirements
   (a) At least eighteen years old.
   (b) Six months actual working experience with young children, being a mother or employment in a child care agency. Proof of such experience must be documented through a reference check.

6. Program in Day Care Home

   (a) Home finders ask the provider to verbalize what they would do in situations such as:
      (1) How discipline own children,
      (2) How discipline some else's children,
      (3) Give two examples of how a child should be disciplined,
      (4) How handle toilet training.

   (b) The homefinder reviews with the provider topics such as:
      (1) Law regarding non-discrimination,
      (2) Income tax responsibility,
      (3) Insurance coverage,
      (4) Health problems.

   (c) The homefinder checks a number of items in the home environment, some categories are:
      (1) Access to parks, public transit, stores, schools,
      (2) General construction and condition of the home,
      (3) Yard, is it fenced and free from trash,
      (4) Safety measures: unvented heaters and electric hazards.

7. Training for Providers

   At present training is not offered to providers. The two major obstacles cited were lack of funds and lack of staff. However, the majority of the Day Care Unit staff attended a two day Workshop sponsored by 4C on Family Day Care Homes, indicating a definite interest by the Unit in trying to provide more assistance to providers.

8. Supportive Services

   A flier from the Federal Food Stamp Program with suggested menus is sent on a monthly basis to providers receiving a check for their services. Homefinders provide consultation to their respective providers on such topics as: pay system, discipline and meal planning. References are made to other social agencies. Homefinders offer support to the provider concerning problems which impede the day care service.

A one-page handout "Summary of Service to Infants HCWD" was compiled, (See Appendix B, V, B,p.10).

After collecting resource information on the licensed centers and certified Welfare Department homes, we attempted to obtain some information from non-licensed or non-certified providers.

VI. HOME CARE PROVIDERS NOT CERTIFIED OR LICENSED

From the telephone survey conducted in September 1975 of a random sample of 398 mothers in Hamilton County with an 0-18 month old infant, we have determined (from making projections to the larger population represented by the sample) that approximately 2,500 mothers are paying for infant care in Hamilton County in a situation which is neither licensed nor certified.

In August 1975 telephone calls to fifty Day Care Providers listed in the Post and Enquirer Newspapers (most unlicensed)indicated that their charges for infant care would be between $20 - $25 per week.

PART TWO: ANALYSIS OF THE AVAILABLE RESOURCES

A. LOCATION

1. City

Only one licensed infant center, serving six infants under eighteen months of age exists in the entire city of Cincinnati. This center is centrally located, very close to Xavier University, U.C. and Edgecliff College. It is about a five minute drive to downtown businesses. It is on a bus line. It continually has a long waiting list. However, there is little turnover: children move up into the next group. It is unique in that, of the six centers which care for infants in the whole county, this is the only facility serving children six months to three years exclusively at one site. There is an opportunity, with this age grouping self-contained and independent of the usual three to five year olds, that more emphasis can be placed on the infants and toddlers.

2. County

Three of the five licensed centers in the county, serving forty-four infants, are all clustered within a two mile square area. The western side of the county is without licensed infant centers.

B. CAPACITY

The infant category under eighteen months is the one age group which is almost always filled to capacity at each center, although each center serves children at least through the preschool age. Directors have indicated they could accept more infants if the space were available.

FACILITY AND CAPACITY KNOWN FOR CERTIFIED OR LICENSED CARE

CITY		COUNTY	
FACILITY	CAPACITY	FACILITY	CAPACITY
1 center	6 infants	5 centers	84 infants
224 homes*	229 infants	17 homes	17 infants
225 facilities	235 infants	22 facilities	101 infants

*The number of homes is approximate, in a few cases there are two infants in one home.

A total of 336 infants are known to be in certified/licensed care in all of Hamilton County. Yet our survey tells us that approximately 2500 more infants are receiving care in someone's home which is not licensed or certified.

C. COST PER WEEK

There is relative uniformity among the centers with a difference of only $8.00 per week between the six centers. The range of the cost per week is $25 to $33.00 per week. In addition to the fee, parents at all six of the centers provide baby food and one non-profit center provides disposable diapers donated to it, at the other five centers, parents provide the diapers.

The results of the telephone survey conducted in September 1975 to a random sample of parents with a 0-18 month old child told us that approximately 2800 mothers in Hamilton County are paying for their regular (at least once a week most weeks) baby care. Payment is made in the following manner:

Mothers who pay for infant care:	approximately	2,760
pay $20.00 or less	approximately	1,610
pay $21.00 to $40.00	approximately	920
not answer how much	approximately	230

The survey also gave us a breakdown as to how the usual source of baby care was paid.

Mothers who pay for infant care:	approximately	2,760
pay by the hour (hourly rate)	approximately	920
pay $1.00 or less		690
not answer		230
pay by the day		460
pay by the week (weekly rate)		1150
less than $25.00		690
$25.00 or more		460
pay on some other basis		230
(possibly some of these are included in the 243 paid care through HCWD)		

Combining data from the telephone survey with Infant Center Questionnaire information, we made the following analysis. Of the regular users of infant care who paid for the care by the week, (though not necessarily for a full week's care) approximately 690 mothers paid less than $25.00. Because the bottom known fee at five of the centers is $25.00 or more, we can safely assume that most all of the approximately 690 mothers paying less than $25.00 on a weekly basis are paying this sum to a day care home provider. Approximately 460 mothers (by projection to the population from our random sample surveyed) paid $25.00 or more per week. The Questionnaire told us ninety infants are cared for in a day care center (five of six with a fee of $25.00 or more). Even if, in our survey, we had talked to every mother who had a baby in a day care center, there would still be approximately 370 mothers who are paying $25.00 or more on a weekly basis to a day care home provider for infant care.

To summarize approximately where the infants are located and what is the cost:

1,610	pay $20.00 or less per week
460	pay $21.00 - $24.00 per week
370	pay $25.00 or more per week
2,440	in day care homes
+90	pay $25.00 - $33.00 per week in centers
2,530	total where cost per week is known
+ 230	didn't answer how much paid for care
2,760	mothers who pay for their care

D. SOURCE OF FUNDS

1. Welfare
Only one center currently accepts infants through Hamilton County Welfare Department (HCWD). Most directors do not want to be troubled with the additional paperwork, particularly when the infant category is always full and a waiting list is available with private, fee paying parents (no extra forms to fill out).

2. Community Chest
At present, only one center serving infants is funded through the Chest. Some currently funded Chest day care centers are interested in extending their services to include infants.

3. Federal Food Subsidies
One of the two non-profit centers is utilizing this service, one is not. Fear of government intervention is the prime concern for the center not using the Federal subsidies.

E. PERSONNEL INFORMATION

The following table will help in analyzing the current average salaries at infant centers in relation to day care salaries in general. In the Spring of 1975, the 4C Advisory Committee compiled information on current day care salary ranges, recommended day care salary ranges and job descriptions.

POSITION	INFANT CENTER ANNUAL AVERAGE SALARY	INFANT CENTER AVERAGE REQUIRE-MENTS		HAMILTON CO. RECOMMENDED SALARY RANGE	HAMILTON CO. RECOMMENDED REQUIREMENTS
Director	$9,600	2.8 yr.Col.		$10,000-16,000	BA. - MA.
H.Teacher	5,250	2.8 yr.Col.		8,000-14,435	BA/AA+3 yr.exp.
Teacher	4,416	1.2 yr.Col.		7,000-11,000	AA/3 yr. exp.ass't
Teacher Ass't	4,153	H.S.Diploma		6,000- 9,155	H. S. Diploma or G.E.D.

Key
AA = Associate 2 year degree
H. Teacher = Head Teacher

As can be seen, both categories of infant day care salaries and requirements are below the 4C recommendations.

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6. General Information
At present, all licensed centers and probably most day care homes (certified or not) are serving parents with "normal, healthy babies at regular hours". Currently, no licensed centers serve infants with a handicapping condition. No centers are open after 6 p.m. or are open on Saturday or Sunday.

7. Staff Training Conducted by the Center
Few courses in infant development or stimulation are offered in the Hamilton County area during the evening hours when a present day care home provider or infant center staff person would be free to take them. Coupled with this lack of resources is the accompanying lack of a tangible incentive to the infant caregiver if (s)he, in fact, did take training. Neither infant care centers nor individual parents using a home are presently giving increased salaries to such ambitious caregivers. To our knowledge, none of the licensed infant centers has a system of regular ongoing in-service training for the staff who care for children under the age of eighteen months. At the same time, most all centers do provide in-service training for their staff working with children three years of age and above. The situation seems to say "there is training and information we can give staff on preschoolers but what can you do for an infant after you have fed and diapered him?" The day care home providers certified by the HCWD also do not receive any system of regular, ongoing, in-service training for caring for children under eighteen months of age.

In fact, research over the last few years and demonstration infant care centers are telling us "there is a great deal we know about infant development" and if we fail to stimulate infants during some of these critical learning periods, we may seriously threaten the chances of each child reaching his or her full potential. We, in the infant day care field, can no longer say "we don't know what to do with infants", "we don't know if it makes much difference what we expose or don't expose the babies to". The facts are now available and we have the responsibility to read and use them.

8. Supportive Services

Health

Staff caring for infants have little health care or emergency training. The Red Cross First Aid course (taken by most staff at one center) could be provided for all staff. Scrupulous hand washing after <u>every</u> diapering and before <u>every</u> feeding cannot be emphasized enough; workshops as well as in-service training and regular "spot checks" would be helpful. This is an area on which all of the demonstration infant care centers have placed great importance. A whole range of health related topics, specific to infants, such as: proper care of formula, diarrhea, introduction of solids and new foods and diaper rash, should be included as basic training for all infant caregivers, whether in a center or a home.

Social Services

Social workers and mental health workers are not working directly with infant caregivers at any of the centers. With the stress and strain, in some cases guilt, which occurs on the part of the mother when someone else cares for her baby, the assistance of a professional with training in counseling and knowledge of community resources could be very helpful to staff. Comments have been overheard, voiced by infant caregivers, questioning, how a mother could leave the baby. These attitudes on the part of some caregivers must make real communication, to say nothing of trust and respect, difficult between the parent and caregiver. Ultimately, it may be an unfavorable atmosphere for the infants growth and development. Day care for infants is a very emotional topic and it would seem that all parties concerned, the caregiver, the parent and the baby could benefit from the two adults involved having frank, open, and sensitive discussions. A sense of "you and I together" are going to help this child grow would be helpful: always with the realization that the parent continues to be the most important caregiver.

9. Parental Involvement

At present, there is almost no parent participation on a regular basis. This is due to several factors:

(1) location: most of the centers are not located near places of work,

(2) time: little attempt has been made to encourage parents to stay via a hospitality or mealtime at the end of the day to discuss topics of interest to infant's parents. It has been assumed that a working parent is not interested or does not have time, without providing opportunities to determine if,in fact,this is true.

SECTION THREE

INFANT CARE NEEDS IN HAMILTON COUNTY

Through the assessment of resources we have considered topics such as: location, capacity and cost of infant care. We know what is presently available. This brings us to the next logical step: the measurement and assessment of needs. We know there are six infant centers in the County. Is this more than are needed or not enough? To answer this type of question County-wide, we needed to look at demographic data and current use of services.

PART ONE: ASSESSMENT

A. DEMOGRAPHIC DATA

The demographic data includes information on the Census variables of:

(a) Married women in the labor force with children under six,
(b) Female heads of households with children, employed,

It should be strongly emphasized at this point, that the available demographic information can only be considered as a rough indicator of need. The two components from the Census data: married women in the labor force with children under six and female heads of households with children, employed, provide information on mothers who work, but do not specify the number of mothers who work and have infants. We can assume that some percentage of each of these two components are mothers of infants but the Census data does not tell us what number or percentage of mothers with a child under eighteen months is in each component.

The rationale for considering any of the demographic data is that it can indicate trends. Placed in a situation of having almost no specific information at all for where mothers, who work and have infants, are located, we have looked at the available demographic data to at least give us general information. One should note also that some of the data is from the 1970 Census, some has been updated with 1974 Polk data and in 1976, we are considering a totally new population of babies, born since the 1974 collection of data.

Now, having warned the reader to be cautious in reaching firm conclusions based on this demographic data, we ask you to consider the available data for indicators of need. See Appendix C, Exhibit I, C, p. 2 for detail.

A careful study of this demographic information reveals that eight statistical neighborhoods in the City of Cincinnati are among the five highest of all forty-four statistical neighborhoods on one or both of the two above mentioned Census variables. These eight statistical neighborhoods are:

CITY OF CINCINNATI

NUMBER	STATISTICAL NEIGHBORHOOD NAME	MARRIED WOMEN IN LABOR FORCE WITH CHILDREN BELOW AGE SIX 1970 Census[2]	FEMALE HEAD HOUSEHOLD WITH CHILDREN EMPLOYED 1974 Cinti. Profiles[1]
1.	Avondale	429	421
2.	Madisonville	444	236
3.	W. Price Hill	477	153
4.	N. W. Fairmount	427	141
5.	E. Price Hill	355	177
6.	Evanston	274	267
7.	West End	214	506
8.	Winton Hills	230	227

In the County only one Census variable (married women with children under six in the labor force) is available to indicate possible trends in the need for infant care. The five political subdivisions in the County which are the highest on this variable are:

HAMILTON COUNTY - (Outside City limits)

NUMBER	POLITICAL SUBDIVISION NAME	MARRIED WOMEN IN LABOR FORCE WITH CHILDREN BELOW AGE SIX 1970 Census [2]
1.	Springfield	940
2.	Colerain	822
3.	Norwood	614
4.	Green	480
5.	Anderson	377

[1] Information Systems Center, Cincinnati Profiles, 1975. A Report prepared for the Cincinnati Working Review Committee on Housing. (Cincinnati: City of Cincinnati, 1975).

[2] U. S. Bureau of the Census, Census of Population and Housing: 1970. Census Tracts, Final Report PHC (1) - 44 Cincinnati, Ohio - Ky. _ SMSA.

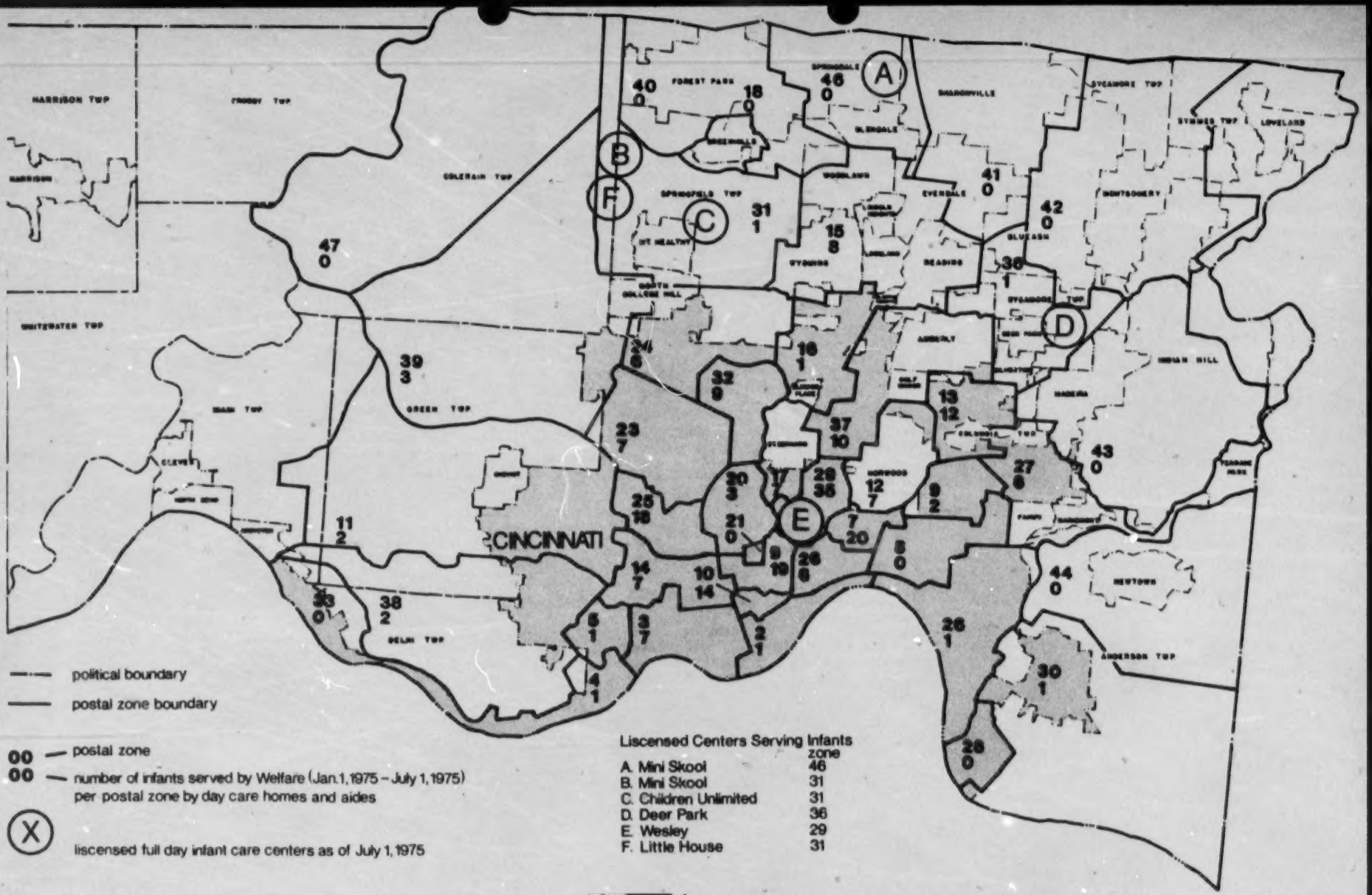
MAP DESCRIPTIONS

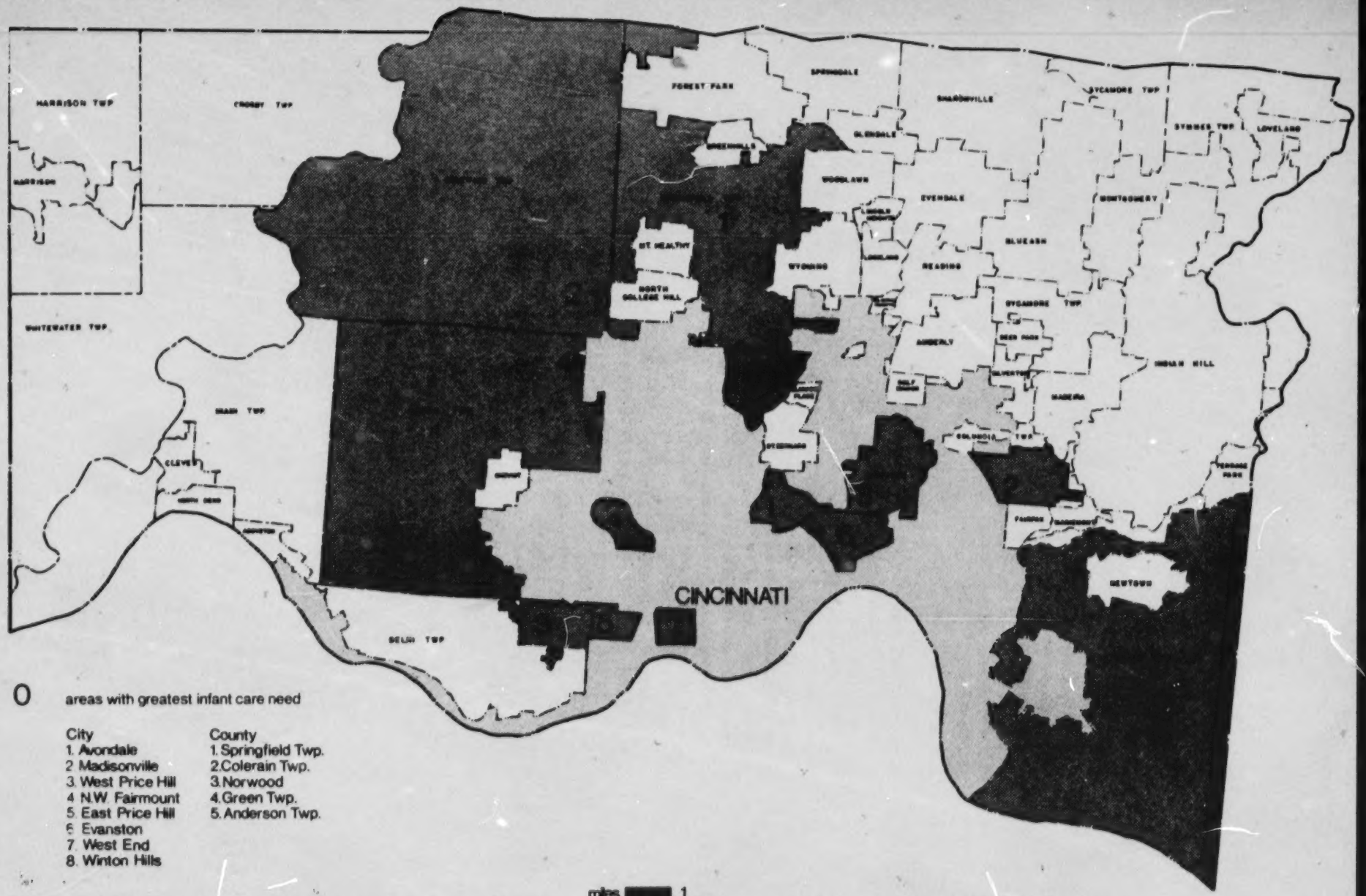
Map #1 on page 38 locates the six centers in Hamilton County serving infants under the age of eighteen months. These six centers have a licensed capacity of ninety full day slots.

Map #1 also locates the infants provided care through Hamilton County Welfare Department. The information received from the Welfare Department computer run listed the number of infants provided care by postal zones.

Map #2 on page 39 illustrates the eight statistical neighborhoods in the City which are among the five highest of all the forty-four statistical neighborhoods on one or both of the two Census variables: married women in the labor force with children under six and female heads of households with children, employed.

Map #2 also illustrates the five political subdivisions in the County which are highest among the forty-two political subdivisions on the Census variable: married women in the labor force with children under six.


political boundary
postal zone boundary
00 — postal zone
00 — number of infants served by Welfare (Jan.1, 1975 – July 1, 1975) per postal zone by day care homes and aides
(X) liscensed full day infant care centers as of July 1, 1975
Liscensed Centers Serving Infants
zone
A. Mini Skool 46
B. Mini Skool 31
C. Children Unlimited 31
D. Deer Park 36
E. Wesley 29
F. Little House 31
CINCINNATI
miles 1
feet 6000
meters 1800
hamilton county, ohio
map 1
scale:
north ↑
date: spring 1976



O areas with greatest infant care need

City	County
1. Avondale	1. Springfield Twp.
2 Madisonville	2. Colerain Twp.
3. West Price Hill	3. Norwood
4 N.W. Fairmount	4. Green Twp.
5. East Price Hill	5. Anderson Twp.
6 Evanston	
7. West End	
8. Winton Hills	

hamilton county, ohio

map 2

scale: miles 1, feet 6000, meters 1800

north ↑

date: spring 1976

B. PERCEPTION OF NEED IN RELATION TO INFANT CARE (See Appendix C, II, C, p. 7 for detail)

1. Current Use

(a) Geographic Location

We know that approximately 2,500 infants are currently receiving paid care which is neither licensed nor certified and we do not even know where this care is located. It would seem that at least the child care community, if not the greater community, needs to establish a system to allow as many of these providers to become identified as possible. It becomes basic to any delivery of service to know where the service is needed and where it can be provided.

(b) Hours of Service

Present licensed and certified care is offered almost entirely between 6:00 A.M. and 6:00 P.M. Using data from the telephone survey, we estimate approximately 460 infants are being cared for in the evening. Approximately 460 infants are being cared for on Saturday and, approximately 230 infants are receiving care on Sunday. We did not determine how much of the evening and weekend care is paid, how much is unpaid, and whether this care takes place in the infant's own home or in a day care home. None of the evening or weekend care is at an infant center.

(c) Cost of Service

At present, we have cumulative cost figures. We know, within Hamilton County, approximately how many people are paying for infant care within a given fee range. We lack information on what is the average weekly rate, broken down by neighborhoods or by political subdivisions. We know what parents pay for care at the centers but we do not know the average rate in the day care homes in a community.

(d) Programs

Licensed centers are really our only source of knowledge concerning the infants' daily activities. Toys: We know each of these centers has some toys for the children. In most cases, one box or bookcase is sufficient to hold all the toys available. In most centers, colorful, but hard plastic toys are all that is available. There are few soft, squeezable materials. Most toys are too large to be picked up with one hand - thus preventing an opportunity for the baby to practice shifting or alternating an object from one hand to the other. There is little material available with which to practice grasping, such as colored beads strung on a cord over the crib.

In the County, the licensed staffing ratio for infants is one adult to every eight infants. This staffing pattern makes taking infants outdoors very difficult because when some infants are awake, others are sleeping. The staff/infant ratio allows little time to give individual attention to each baby. Feeding often becomes a logistic hurdle to overcome, not a pleasant, relaxing time of day. Staff time has to be spent in leaving the room to take bottles from the refrigerator (only one center has a refrigerator in the room), warming the bottles, setting up and arranging the high chairs; The actual time used by the infant to eat the food is small compared to the relative length of time involved in set-up and clean-up. Diapering and nap time follows lunch. All centers could use additional staff, students or volunteers during this period of the day to be able to give more attention and verbal stimulation to each infant.

Diapering is definitely easier when a supply is always ready at the change table site. When the diapers are provided by the center, this is relatively easy to accomplish. However, at five centers, diapers have to be taken out of each child's diaper bag and put in a cupboard near the change table; this often involves walking some distance across the room several times. Daily records kept at three of the centers provide tangible evidence to the parent that staff is doing its job. This may be helpful in making the parent feel secure that staff is accountable. However, much staff time is used to fill out detailed individual reports which only provide routine information. If a baby has been ill or absent, the parent might want detailed information on the child's re-adjustment to the center. Staff could give verbal reports or write notes on unusual behavior or occurences which would be less time consuming.

(e) Support Services

In Hamilton County, there are presently several resources which could assist infant caregivers. In the area of infant stimulation, there is:

(1) The Maternal and Infant Care Project at General Hospital,
(2) U.S.E.P. (United Services for Effective Parenting) whose members have an acknowledged interest in parenting and infant stimulation skills,
(3) Courses in infant growth and development at the Department of Early Childhood Center at U.C.,
(4) The Great Oaks programs, and
(5) Metropolitan and Family Life Program connected with the Cincinnati Public Schools.

In the mental health and social service area, resources could include staff from the Community Mental Health Boards.

Staff with each of these programs could be available for training workshops. Except in cases where a course would be taken, or a consulting contract drawn up, none of these resources could be used for regular delivery of service, but any could be contracted for a workshop. These resources could be considered for training any infant caregivers, in centers or homes.

2. To Summarize the Need:
   (a) We lack information broken down by <u>specific communities</u> concerning:
      (1) Location of infant care;
      (2) Availability of services, adequacy, costs and quality of services.

   (b) Until we know more about the care approximately 2,500 infants are currently receiving in day care homes, we can make few recommendations to a specific neighborhood. Generally, we see a need for infant caregivers to know more about the potential of infants. It would provide a good ripple effect: if caregivers knew more about infant potential they would probably have more respect and enjoyment for their own very important task and this would be good for the infants for whom they provide care. Training in infant development would give caregivers additional information to share with parents.

PART TWO: ANALYSIS

A. DEMOGRAPHIC INFORMATION

Looking at the demographic information, and comparing the number of working mothers from each of the communities in both the City and County with the number of identified licensed or certified facilities in each of these communities, we see there is a lack of identified infant care in each community.

CITY OF CINCINNATI

STATISTICAL NEIGHBORHOOD NAME	MARRIED WOMEN IN LABOR FORCE WITH CHILDREN BELOW AGE SIX 1970 Census [2]	FEMALE HEAD HOUSEHOLD WITH CHILDREN EMPLOYED 1974 [1]	NUMBER OF LICENSED/ CERTIFIED INFANT SLOTS
Avondale	429	421	41
Madisonville	444	236	6
West Price Hill	477	153	1
N. W. Fairmont	427	141	7
East Price Hill	355	177	2
Evanston	274	267	20
West End	214	506	17
Winton Hills	230	227	9

HAMILTON COUNTY (OUTSIDE CITY LIMITS)

POLITICAL SUBDIVISION NAME	MARRIED WOMEN IN LABOR FORCE WITH CHILDREN BELOW AGE SIX 1970 Census [2]	NUMBER OF LICENSED/ CERTIFIED INFANT SLOTS
Springfield	940	45
Colerain	822	0
Norwood	614	7
Green	480	7
Anderson	377	0

Note: For the County, births are not recorded by political subdivision and information is not available on employment for female heads of households.

[1] R. L. Polk, "Profiles of Change", 1974

[2] Census of Population and Housing: 1970

B. PROJECTED USE OF INFANT CARE SERVICES

The trend of mothers with infants under the age of eighteen months to use day care does not seem likely to reverse itself in the next few years. As the need for infant day care becomes recognized by the general public - more and better alternatives will need to be provided.

Some of the goals for infant care might include:

(1) Expanding the number of day care centers (need is documented by the waiting lists for infant enrollment at every center);
(2) Spreading facilities over a wider geographic area so that infant care could be provided closer to the home or work;
(3) Developing a system of delivering service to day care home providers;
(4) Instituting a referral service to enable parents to better know where care is provided;
(5) Planning a satellite system to help link home providers with existing resources in the community i.e. an already existing day care center, a community recreation center or church;
(6) Starting a newsletter or other means of helping providers exchange ideas and information;
(7) Improving quality through awareness of the results of demonstration infant care programs;
(8) Establishing a quality model of infant care for caregivers to see what is possible.

SECTION FOUR

PROPOSED INFANT CARE MODELS FOR HAMILTON COUNTY

A "Satellite" Model is a system which arranges for or delivers direct services to day care home providers and in addition, actively seeks other programs (particularly child care) in the same neighborhood or community with which it could coordinate services and therefore most fully utilize and share the unique resources of each.

Examples of other programs are:

Day care centers (non-profit and profit),

Churches,

Infant stimulation classes,

Well baby clinics,

Branch libraries,

First Aid taught by firemen or Red Cross.

As can be seen, this Model could be used in any community, "satelliting" to the community resources available in each.

"SATELLITE" MODEL

I. PLAN

A. OVERALL GOAL

1. Short Term Goal

Identify day care home providers.

2. Continuing Goal

Provide a system to link together the day care provider, a community resource facility, parents and neighborhood volunteers.

3. Long Range Goal

Develop a network of quality homes which can be placed on a referral list, a real service to both the parent and the child.

B. OBJECTIVES

(a) To give recognition to the day care home provider's importance by having a home visitor come to her home with loaner materials, activity ideas for infants and older children and other support and assistance to help her provide the best care she can,

(b) Arrange for day care children and providers to come to and use a neighborhood resource facility (a day care center or church) on a regularly scheduled basis, thus providing the opportunity to use space and materials not possible in the home,

(c) Establish a liason between providers and center personnel, stressing their commonality of caring for

children, providing the opportunity for ideas and experience to be shared,

(d) Provide the opportunity for the assistance which a neighborhood volunteer can offer to a group facility (like a center), to be shared with the home providers when they too use the facility,

(e) Establish a system for day care home providers to identify each other as they meet at scheduled adult classes and in group sessions at the neighborhood resource facility.

C. RATIONALE

(a) Through projections to the greater population from the telephone survey, we have estimated that approximately 2,500 infants are receiving paid care in Hamilton County by someone who is unidentified (and thus unreachable) to any social service or licensing agency. Therefore, knowing that approximately 2,500 infants are in day care homes (and not knowing how many other children are receiving care in the same provider's home with the infant) we propose to initiate a system, on a pilot basis, to deliver services to these providers,

(b) Across the whole of Hamilton County there is a network of people, interested in promoting "parenting" skills. Two of the largest organized groups are probably Home-Base Head Start and U.S.E.P. (United Services for Effective Parenting). The focus of these groups is parenting skills

for the parent to use with their own child. We would propose to offer this concept of "parenting skills" in a systematic manner to a new audience, namely, family day care home providers.

D. STATEMENT OF PLAN

The focus of services in the "satellite" model will be directed, in the short term, to the day care home provider. The philosophy will be "we know you are doing a hard job - how can we help you?" The "satellite" model will:

(a) Offer training to providers: (1) in neighborhood groups of approximately sixteen providers and (2) in-home on a one-to-one basis with a home visitor,

(b) Establish comprehensive training to be directed toward each provider over a four month time period. Following this intense training (home visits, adult classes, child-provider group sessions) the provider's name could be placed on a central referral list,

(c) After the four month training period, offer a phase-out period during which providers could continue to be included in workshops and have one to two "follow-up" home visits during the remainder of the Project. However, staff time would now be limited with this first set of sixteen providers and they would be encouraged to continue activities among each other.

(d) Start a new training cycle with sixteen more providers.

(e) Use a neighborhood resource facility for group meetings. Preference will be given when searching for such a facility to a place which already provides care to children,

The use of such a facility by the day care providers would help them identify with an already established resource in their community. In return, the established resource facility personnel would increase their awareness of the home providers. Thus increased contact and communication could benefit both groups,

(f) Involve parents in some training sessions,

(g) Offer an opportunity for home providers to meet and talk; to share experiences and help solve common problems.

E. IMPLEMENTATION PLAN
(See Appendix D,II., D, p. 11)

1. Third to Fifth Month

(a) The home visitor will come to the provider's home every week,

(b) The day care providers will attend a two hour training class, once a week for four weeks,

2. Fifth to Seventh Month

(a) Home visits will be staggered every other week to each provider,

(b) The two hour training class will continue for four weeks,

(c) The provider plus her day care children will meet together at the identified community resource facility twice a month for two hours to receive:

(1) Further training for the provider,
(2) A group experience for the day care children,
(3) Continued contact and communication between providers.

(d) A monthly potluck supper, at the community facility, will bring together parents and providers,

(e) A two to three hour workshop, with a topic selected by a majority of the providers, will be held. Parents will be welcome to attend.

3. Seventh Month Evaluation and start of new training cycle with sixteen new providers,

4. Eighth to Eleventh Month - "Phase Out" for original sixteen providers,

(a) The potluck suppers and workshops will be open to them,

(b) There will be one final home visit made to each provider,

(c) One visit will be scheduled per provider per month at the identified community resource facility. (By this time, providers will be encouraged to independently make their own arrangements to meet together).

5. Components Available During Both Training Cycles

(a) A newsletter, with information contributed by providers will be published regularly,

(b) Volunteers, to care for day care home children at the Community facility and assist with emergencies, will be recruited and offered an eight hour training session in four sessions of two hours each. Volunteers could also assist in locating and repairing equipment for a loan closet.

F. RECRUITMENT

1. Staff

(a) The advertising for two staff will be carried out over a three week time period,

(b) Interviews will be carried out over a three week period,

(c) Total time: one month.

2. Providers

(a) Advertising of the Project will be carried out extensively by media, in-person and at community gathering places over a three week period,

(b) Interviews will be carried out over a four week period,

(c) Initial assessment of abilities of provider and children will be made,

(d) Total time: one month.

3. Incentive to Provider. There will be an opportunity to:

(a) Meet and share with other providers in her particular

community, to establish a "group" feeling,

(b) Become involved in a system focusing on in-home care. This will enable the provider to receive information and activities tailored to her situation.

G. METHOD OF TRAINING

1. Providers

(a) There will be sessions of approximately two hours with a variety of presentations including movies, lectures, role play and small group discussions,

(b) Home visits will be scheduled,

(c) Modeling in a group setting with children will be demonstrated.

2. Parents

(a) Potluck suppers will be planned,

(b) Workshops will be open to parents,

(c) They can be included in periodic assessments.

3. Staff

(a) Once-a-week sessions, using movies, role play, presentations and group discussion will be provided,

(b) An intense two week initial training will be required.

H. PLANNING CURRICULUM AND SCHEDULE

(a) Staff will offer a broad choice of topic areas to providers at the initial training session - then this group of providers will select the topic areas they want to pursue; in addition to these topics, staff would include any major topics previously omitted,

(b) Joint decisions will be made by staff and providers concerning the schedule of which topics will be covered in group sessions, which in home visits, and in what priority will they be presented.

I. ASSESSMENT

1. Initial

During the recruitment period, a basic assessment will indicate the present skills of the providers, very important in deciding the level and kind of training to offer.

2. On-going

Procedures will be developed to use as benchmarks during the Project; from parents, providers, staff and children.

3. Summative

The summative assessment would bring together the original stated goals, the periodic on-going assessments and a final assessment. As a Pilot Project, recommendations or alterations would be suggested before expansion or replication.

J. PARENTS

Through the potluck suppers, workshops and newsletters, a variety of opportunities will be offered for parent participation. A combination of parents and full day home providers is a rather unique component.

K. INNOVATIVE ASPECTS OF THE MODEL FOR HAMILTON COUNTY

1. A comprehensive training program directed toward day care home providers would result in the development of a quality source of providers whose names could be placed on a referral list for parents,
2. The emphasis would be on helping a neighborhood become aware of providers; if the training were to have a lasting impact, the ripple effect of broad community involvement would be essential. The combination of volunteers and personnel at a community facility becoming part of the training and support system is not found in our community now,
3. One system bringing together: parent, child, day care provider, trained staff and neighborhood volunteers on a regularly scheduled basis at a neighborhood resource facility is unique.

II. BUDGET

ESTIMATED ANNUAL COSTS FOR "SATELLITE" MODEL OF 32 PROVIDERS

I. PERSONNEL				
1 Pilot Coordinator, 3/4 time	@$14,000.00		$10,500	
2 Home Visitors, 1/2 time (10 1/2 months)	@ 6,000.00		10,500	
1 Secretary, 1/2 time	@ 7,500.00		3,750	
Fringe Benefits	@	16%	3,960	
Sub-total				$28,710
II. NON-PERSONNEL				
Office Space, per sq. ft.	@	2.00	1,350	
Telephone			200	
Mileage for Coordinator	@	.12 mile	216	
Mileage for Home Visitors	@	.12 mile	120	
Supplies Office (including postage)			200	
Pilot (training materials, film rental)			1,000	
Conferences: Coordinator and Home Visitors			500	
Local Consultants for Workshops	@ 50.		600	
Sub-total				$ 4,186
III. PILOT REPORT				
Typing	@	4.50	200	
Printing	@	3.00	150	
Sub-total				$ 350
TOTAL				$33,246

Cost per Child Served: (assumed 48 Children) $ 693.00

Cost per provider served: $1,039.00

III. AN EXAMPLE

The "Satellite" Model described in some detail here, is "satellited" or associated with a full day day care center, as an example. However, with a few changes, this same model could be attached to other neighborhood programs (though not in such a comprehensive way) for example:

(a) infant stimulation classes,

(b) an all volunteer child care play group,

(c) a church.

The basic premise on which the "Satellite" System is built is that it makes use of as many neighborhood resources as possible. The resources are the important aspect, not the physical setting. In this light, a "Satellite" System might encourage day care providers to take an infant stimulation training program offered in their area or arrange for the infant stimulation instructor to come to a central neighborhood location to speak to them. The training could be relatively inexpensive, primarily the cost of a text. In a system in which day care providers had been identified, there would be a group of providers who could be told of this opportunity. Through the system it would be possible to arrange to have the series of infant stimulation classes taught in the provider's own neighborhood. The benefit of the "Satellite" System would be that a group of providers, identified to each other, would know other providers were going to the training too; therefore, they would not be attending alone. The network of providers who were listed on a neighborhood referral list could have the "in-service" or continuing education training listed with their name as an incentive to them and additional information for

the parent using the list. Being able to list the additional training taken might make it possible for the provider to receive a slightly higher weekly fee or (at the minimum) enough to cover any cost of the course.

The advantage of a "Satellite" System being attached to a child care program would be the opportunity for more sharing and exchanges. An example of a child care program which is not a day care center is the "First Step" Program in the Blue Ash-Sycamore Area which meets in the Blue Ash Presbyterian Church. This is a totally volunteer operation. All of the people involved are mothers who are either not employed or employed only part time. The program is on Tuesday and Wednesday mornings. Half of the mothers are in the rooms with the children in a nursery school-type setting on one day; on the following day they switch and are in their own adult class making crafts, or hearing a speaker. The other half of the mothers are on the reverse schedule. The Director of a program like First Step could help provide training to day care home providers in her area and the church could be used as a meeting place. The advantage of meeting there could be availability of well stocked playrooms for the children for daytime meetings or just a central location if it was an adult-only evening meeting. The First Step Director is just one example of other resource people, scattered across the county, who could assist with training in a less structured situation than an institution. The disadvantage to relying solely on this type of training is the lack of academic or other credit received. The First Step Child Care Cooperative is an example of types of programs offered in a neighborhood to which day care providers might be "attached".

They have the advantage of costing little and being informal. They have the disadvantage that there is no tangible quality control involved by which to assess how the provider has benefited, in contrast to the more tightly structured, quality accountable program described in more detail involving the home visitors.

"HOME" MODEL

A "Home" Model is a system which delivers direct services to the day care home provider in her own home.

In a typical "Home" Model the provider receives loaner toys, printed information and an exchange of ideas delivered to her by a person called variously a "Home Visitor", a "Field Worker", or an "Early Childhood Specialist".

Materials and ideas flow into the provider but there is usually very little or no system used to bring all the providers together at a specific meeting place. The home visitor then becomes the main link to resources. The provider can be told of many resources but most of the initiative remains with the provider to make the necessary arrangements to use them. The "Home" Model has proven successful, particularly in rural areas and communities where no central meeting place was available. It has the advantage of having a relatively low unit cost per provider serviced and it is, in some cases, the only method by which services can reach the provider.

The vehicle used is sometimes the home visitor's car, containing only the materials she will use with families that day. In other cases, the vehicle may range up to a mini van, brilliantly painted, completely outfitted with shelves and materials to loan or purchase. This becomes literally a materials library on wheels (such as one of the Rainbow Fleet's Vans in Oklahoma City).[1]

In a fairly independent, highly motivated population this typ of service may be all that is needed to supplement quality care. In most all cases in which this type of service delivery is used, the

providers are already licensed or certified by the State Department of Public Welfare or other State licensing department.

In Hamilton County, without general licensing or certified homes, there would still be little means to assess the quality of care.

"HOME MODEL"

I. PLAN

A. OVERALL GOAL

In the absence of licensing of day care homes in the State of Ohio, this model would begin to identify some of these previously "invisible" homes. Because of the identification and corresponding increase in "visibility", a system of service delivery to day care home providers could be established.

1. Short Term Goal

(a) Identify, within a specific geographic area, who are the day care home providers, particularly those who care for infants and offer to visit their home,

(b) Include volunteers as a regular component of the Project.

2. Long Range Goal

(a) In addition to identifying providers in a particular community, this model would offer a variety of useful activities and information to the provider to assist and support her in her very important role as caregiver to children;

(b) After establishing contact and communication with a provider through a series of regular visits, the provider's name could be placed on a list made available to parents seeking home day care. While no recommendations or official licensing would

be possible (no licensing of day care homes exists in the State of Ohio) parents would know that some services from an agency or system had been delivered to this provider. The responsibility of contacting and choosing a day care home would continue, as presently, to be entirely the parents' responsibility.

B. OBJECTIVES

(a) Use a variety of methods to publicize the services of this model; day care home providers (in predetermined areas) could be given one of the first opportunities in Hamilton County to receive services related to their job.

(b) Offer alternatives and suggestions for:

(1) activities for children appropriate to their individual level of development,
(2) snacks and lunch,
(3) new uses of materials already available in the home,
(4) carrying out "routines" such as feeding and nap time,
(5) systematizing their child care records for income tax purposes.

(c) Bring to the providers attention or encourage her awareness of the resources in her immediate community and the county as a whole which could assist her as she cares for children.

C. RATIONALE

At present, in the absence of a home licensing law in the State of Ohio, no central agency exists in Hamilton County which a parent can contact to receive a list of "registered

homes". Parents find out about day care homes through "word-of-mouth" among friends and in newspaper ads placed by an individual provider. The identification and delivery of service proposed in this model would establish a system benefiting all concerned in the day care process.

(a) The child would be the direct recipient of new activities, materials, and child care techniques introduced to him by his day care home provider.

(b) The parent, whose child was in such a day care home, would indirectly receive information from both the provider and their child; the provider would be encouraged by the home visitor to share information from her visits with the parent, including sharing activity handouts with the parent.

(c) The provider would be actively involved in a training and support system delivered to her, on the job, in her own home (similar to center staff participating in in-service training).

The benefits of such training, of course, extend far beyond the specific time limits of the "formal" training period. All of the providers actively participating in this service delivery system would be strengthening and acquiring skills for working with young children on a full day, every day basis. One of the long range benefits of this model would be the initiation of a network of trained day care home providers. The "ripple effect" would set in and, in addition to her present day care children,

all future children cared for by these providers would also benefit.

Following the training and support system indicated in this model, the placement of a provider's name on a list available to parents would indicate to the parent, (as they tried to select care to match their family's needs) that at the very least, the listed providers had regularly received a home visitor, an outside resource person, into their home. The up-ward expansion of this concept could mean that a provider had actively made overtures into the community for resources on her own. But whatever degree of ambition each provider on the list would have, the parent seeking some guideline or assistance in selecting a home care provider, could begin with this baseline of information. In other words, a real and much needed service would be available to the parent.

While recruitment of providers would focus on those caring for infants, day care providers are caring for other children with a variety of ages and developmental levels. The home visitor would, of course, be assisting the provider through materials and activity ideas with all of her day care children. Therefore, the "vertical diffusion" concept would take place and the one contact visit to a home actually would provide service to several children at the same time, a bargain for the time and money involved.

Volunteers would be included as an important component of this model, as a valuable asset in locating resources in the community and in helping to publicize the program. Too often a delivery of service, particularly to an individual at home, is known only to the individual recipient and the service provider. If a new service is being initiated with the hope that it will expand to other communities, involving people from the community-at-large could be very helpful toward support of the Project.

D. STATEMENT OF PLAN

Day care home providers would be visited once every other week for a period from one to one and one half hours. Age appropriate activities, finger plays and games would be demonstrated to the provider for her to introduce to her day care children. Toys, books and equipment could be loaned to her for the next two-week period then exchanged for new items at the next visit. Two adults would always accompany the mini-type econo van. The home visitor would demonstrate the new activities or toys to the provider and would also be able to talk with her about any problems (or successes!) which had occurred since her last visit. The visitor assistant would give full attention to the children by reading a story to

them, talking with them as they play, observing their attention span and level of development so as to cue her to the type of materials appropriate for each child.[2] All staff would meet together for half a day each week to: share problems, hold group discussions, assess and plan for the providers visited.

The volunteers would come to the office to help keep loaner materials in good repair, organized and ready for the next use, and inventoried. The mini-van could also be scheduled to visit infant care centers. Volunteers could accompany the staff when a program was being presented at a center. This would help free center staff so that, all of the infant care staff could participate in the presentation and discussion at the same time.

The home visitors would assist the provider in selecting materials from the van appropriate for her day care children. By actively selecting loaner materials from the van (rather than having materials pre-selected and brought into the home), the provider would be learning what criteria to use when selecting materials. Involvement in the selection process should carry an impact of lasting value to the provider.

E. IMPLEMENTATION SCHEDULE
(See Appendix D, V , D, p.23 for details).

The mini-van, stocked with loaner toys, games, books and creative materials, would be driven by the

home visits accompanied by the visitor assistant. Four home visits from half an hour to one hour initally, stretching to a maximum of one and one half hours as the project progresses, would be made Monday through Thursday, with two visits scheduled for Friday morning. On this schedule, up to thirty-six providers and at least seventy-two children could be reached once every two weeks. It would be anticipated that, during the time less than thirty-six providers were in the program, homes would be visited once each week and active recruitment for more providers would be on-going.

F. RECRUITMENT

1. Of Staff

Advertising, interviewing and hiring would take approximately three weeks.

2. Of Providers

Recruitment would be through a variety of means: neighborhood newspapers, community councils or neighborhood associations, recreation centers and churches as well as some"door-knockers." The first several providers screened and approved for the service delivery would be asked for their suggestions for how to best publicize within their community. After identifying potential participants, the first step would be to screen them according to Project criteria.

Examples of criteria for recruitment of providers might be:

(a) Caring for no more than two children under the age of two and meeting the present requirements of the State of Ohio Public Welfare Department Licensing Division (also used by Hamilton County Welfare Department) that care not be given to more than five children in total,

(b) Caring for at least two children (to make the time and materials used have as much impact as possible),

(c) Caring, ideally, for an infant under the age of twelve months, to assure the project the opportunity of providing infant stimulation information to both provider and parent.

3. Incentive to Providers

(a) Assistance and support from a system whose main emphasis is them; (in many programs, examined across the country, the greatest incentive was for a provider to feel a part of a group),

(b) The tangible materials loaned for her to use with the children.

G. METHOD OF TRAINING

1. Providers

An every other week visit from the home visitor for one-to-one demonstration and discussion over a period of one to one and one half hours.

2. PARENTS

The provider would be encouraged by the home visitor to show printed handouts to the parent. The project would provide duplicate copies to any parents upon request. These materials would, therefore, serve an indirect purpose, namely, a tangible focus for joint communication and sharing between the parent and the provider. In this manner, the parent as the prime caregiver would also feel included in the "delivery system". This or other methods which promote an atmosphere of cooperation around caregiving and responsibilities would be encouraged.

H. PLANNING CURRICULUM AND SCHEDULE

While general topics and a sequence for presentation would be established by the staff at their weekly meetings (based largely on initial expressed needs of providers), the pace at which the home visitor presents information to each provider might vary. Also, an effort would be made to collect and share information peculiar to an individual provider for one or two sessions. If the provider requested more in-depth information, staff would refer the provider to a community resource able to meet their special need.

BUDGET

ESTIMATED ANNUAL COSTS FOR "HOME" MODEL OF 36 PROVIDERS

I. PERSONNEL			
1 Home Visitor		$10,000	
1 Visitor Assistant (11 months)	@$6,000	5,500	
1 Secretary (1/2 time)	@ 7,500	3,750	
Fringe	@ 16%	3,080	
Sub-total			$22,330
II. NON-PERSONNEL*			
Basic Equipment to Stock Van		$ 1,180	
Transportation (gas, insurance) average 100 miles/week		300	
Office Space 150 sq. ft. per person (3) @ $2.20 sq. ft. X 1 1/2		1,485	
Office Supplies		200	
Sub-total			3,165
TOTAL			$25,495

Cost Per Child Served: $354.00
(approximately 72 served)

Cost Per Provider Served: $708.00

* An assumption is being made that a Mini Van will be donated, maintanence included (a good way to obtain tangible community input).
If this arrangement is not possible, cost of van would be approximately $5,000 to raise total cost to $30,495.

MODEL INFANT CARE CENTER

I. OVERALL GOALS

1. To provide a safe, caring and stimulating environment for the baby.
2. To be responsive to the individual schedule of each child and to provide for the flexibility necessary to let him or her be an individual.
3. To demonstrate a child care technology which maximizes efficiency of staff time on routines, allowing for maximum staff time in attending to and interacting with the baby.

II. STATEMENT OF PLAN

The center environment would be arranged in such a manner as to best utilize space, putting the emphasis on care of the baby, not care of the environment. There would be a very specific arrangement of equipment and materials to reduce the time spent in routines to a minimum. Specific assignments would be given to every staff person to be responsible for an area or function of the center. Staff would receive a thorough orientation prior to becoming a caregiver. Orientation would be in two areas:

(a) to the center itself and the arrangement, purpose and function of materials, and

(b) to the uniqueness and the potential of each infant and the manner and style which could be used to encourage the child in his or her development. In-service training would be continuous.

Cummulative records would be kept of the center's progress in developing a program and on the individual development of each infant.

The approach or style of teaching would be modeled after the training of Alice Honig, Ph.D. and Ronald Lally, Ph.D. Infant stimulation activities used by many groups, locally and nationally, would be incorporated into the daily program.

Admission would be open to fee paying and welfare children from age three months to twelve months at the time of admission. The purpose of the low admission age would be to focus attention on the environment and activities for infants. During the second year of the program provision would be made for the addition of a toddler program for the infant "graduates".

The center environment would be a modification of the Living Environments Model developed at the University of Kansas, Lawrence, Kansas, at the center for Applied Behavior Analysis.[3]

The environment would be seven hundred square feet in one large room with no room dividing partitions; there would be low visual dividers for the children but the adults would be able to see all parts of the room. There would be a separate area for the staff lounge and an office.

III. BUDGET

ESTIMATED ANNUAL COSTS FOR "CENTER" MODEL OF 20 INFANTS

I.	PERSONNEL		
	1 Director		$10,000
	4 Infant Caregivers	@$6,000	24,000
	2 Assistant Caregivers (1/3 time)	@ 5,000	3,333
	1 Secretary (1/2 time)	@ 7,500	3,750
	Fringe Benefits	@ 16%	6,573
	Sub-total		$47,656
II.	NON-PERSONNEL		
	Rent, Equipment, Food estimate 25% of total		
	Sub-total		11,914
	TOTAL		$59,570

Cost Per Child Served: $2,979

SECTION FIVE

CONCLUSIONS AND RECOMMENDATIONS

As you, the reader, come to the end of this report on Infant Care in Hamilton County, you may be trying to highlight or emphasize the significant points. We would like to suggest that you consider the following: (listed in sequential order beginning with Section One.)

I. CONCLUSIONS

1. The Usage Survey, a relatively unique means of collecting child care data, proved quite successful in providing information to design infant care models.
2. Some of the key results of the survey were:
   (a) One quarter (26%) of all mothers randomly sampled with a 0 - 18 month old baby were using infant care on a regular basis, at least once a week,
   (b) 12%, or approximately 2,800 mothers, were paying for infant care,
   (c) Although the findings would have to be considered "soft data", based on projections of what people would do, mothers indicated they would definitely or probably use an infant care center about

equally as often as they would use an infant day care home.

3. With the present use of infant day care documented, the available resources providing for this care can be categorized as follows:

   (a) licensed infant care centers,

   (b) day care homes certified by Hamilton County Welfare Department,

   (c) day care homes certified by Seven Hills Neighborhood Houses.

   These three sources of licensed or certified infant care, have a total of approximately 340 slots for infants. From estimated projections, based on the results of our random sample survey by telephone, approximately 2,500 infants are receiving care in day care homes not licensed or certified.

4. The staff caring for infants at centers, though in most cases very dedicated and interested in the babies, receive almost no regular in-service training specific to infants. In-service training could provide the staff with (a) a wide range of knowledge and activities appropriate for stimulating infant development, (b) increased self-esteem as a more professional member of the center teaching staff.

5. Because day care home providers are in no identified system, (except for HCWD and Seven Hills) we

cannot document the kind or amount of training they receive concerning infant stimulation and development. However, one suspects that if little training for infant caregiving is available at licensed centers, the prospect for day care home providers seeking this training individually is very limited. This presents a definite challenge to those of us in the child care community, both agencies and individuals who have knowledge, to share and disceminate it.

6. The Models for infant day care in Hamilton County, whether "Home", "Satellite", or "Center", share some common needs:
   (a) In-service training needs to be an integral part of each of these alternative types of care,
   (b) Communication between caregiver and parent should be actively encouraged,
   (c) Resources in the community need to be utilized as fully as possible.

II. RECOMMENDATIONS

1. The day care home providers caring for approximately 2,500 infants on a paid basis need to have the opportunity to become part of a system through which they can become "visible" and identified.
2. These providers need to be offered a variety of opportunities for training: workshops, regularly scheduled home visits, adult classes, and child group meetings. Any one of these methods or a combination of several would be helpful. Training should be offered for credit or as an out reach service of a child care agency or program. Training appropriate to home care should be publicized where it already exists and developed at established institutions (such as the Cincinnati Public Schools Vocational Education Program or Metropolitan Family Life Program, Great Oaks, or colleges and universities).
3. Training and learning opportunities for day care home providers should be available in neighborhoods across the county. Neighborhood facilities such as child care programs, churches, recreation centers and libraries, should all be explored as possible meeting places for providers, alone or on a scheduled basis, with their day care home children, (for example, the "Satellite" model described in this report).

4. CENTERS

In addition to the present licensing standards:

(a) All staff providing infant care need to actively participate in in-service training. Documentation of participation should be on file at centers,

(b) Training could be received by:

(1) Attendance at an all-day workshop once per month, coordinated and sponsored by 4 C. The training grant written to pay the cost of speakers and/or materials could also include a budget item to pay for substitute teachers. During the first year the non-profit centers could be paid by the grant, to allow infant care staff to attend

HOMES

HCWD

In addition to the present certification requirements, infant providers should receive training in the following areas:

(a) Health and safety, particularly for infants,

(b) What is normal development, and how to reconize it,

(c) How to stimulate healthy infant development,

(d) Examples of activities, and materials to use with infants.

Training could be received by:

(a) Attending a Saturday or an evening workshop once a month in a central neighborhood location. Training would be paid for by a grant from HCWD,

CENTERS	HOMES
the workshop. Workshops could rotate to those centers having space for the group. (2) A scheduled "center visitor," would be the resource person coming once per month to each center for three hours. Two hours would be on a topic to be selected by the "center visitor", and one hour would be on infant problems specific to that center.	(b) Initiating small group meetings during the day at a neighborhood location, such as a recreation center, library or child care facility, (c) Being visited twice a month by a home visitor. Documentation of participation in training would be necessary for re-certification. NON-CERTIFIED Day care home providers' names would not be listed on any agency's referral list until the providers could document their participation in training. See the models section, "Home" and "Satellite" Models for suggested training schedules.

5. Communication between parent and caregiver (either in a center or home) could be encouraged via:
   (a) Potluck suppers at the usual child "pick-up" time -- at a day care center or other central neighborhood location,
   (b) Parental attendance at regularly scheduled meetings. Attendance at meetings would be a ground rule, a "given", of accepting and keeping

an infant enrolled in a center! In a day care home, a contract could be signed between the provider and the parent, honoring regularly scheduled conferences.

6. Infant caregivers need to be made more aware of resources in the community such as:
   (a) Mental health services,
   (b) Social service agencies,
   (c) Infant stimulation programs and
   (d) Other infant caregivers.

Preface

[1]Cincinnati Section of the National Council of Jewish Women, Windows on Day Care in Cincinnati, Cincinnati: 1970.,p.5.

[2]Comprehensive Community Child Care (4C), Child Day Care in Hamilton County: Current Status and Need, Cincinnati: 1974. Conclusion and Recommendations Section.

[3]U.S.Bureau of the Census, Census of Population and Housing:1970.

Section One

[1]Carolyn Riley and Cheryl Sterman, Bibliography of Infant Research and Development, Cincinnati: 1976.

Section Four

[1]Rainbow Fleet Van in Oklahoma City, Oklahoma, sponsored by the Oklahoma City Arts Council.

[2]"Magic Bus" program in Syracuse, New York, sponsored by the Consortium for Children's Services.

[3]Living Environments Group under the direction of Todd R.Risley,Ph.D. at the Center for Applied Behavior Analysis, University of Kansas, Lawrence, Kansas,66044.

Appendix D

[1]Day Care and Child Development Council of America, "Organizing Tools for Family Day Care Systems", Publications Service; 1012 14 Street, N.W., Washington, D.C. 20005.

APPENDIXES

APPENDIX

A	SURVEY OF PARENTS OF INFANTS IN HAMILTON COUNTY	A,p.3
B	INFANT CARE RESOURCES IN HAMILTON COUNTY	B,p.1
C	INFANT CARE NEEDS IN HAMILTON COUNTY	C,p.1
D	PROPOSED INFANT CARE MODELS FOR HAMILTON COUNTY	D,p.1

APPENDIX A

SURVEY OF PARENTS OF INFANTS IN HAMILTON COUNTY

SUBJECT	EXHIBIT #	PAGE
1. Letters Requesting Community Input----------	I	A,p.5
2. Baby Study, Survey Verbatim, Instructions ------	II	A,p.9
3. Analysis of Survey Findings Summarized ---------	III	A,p.23

COMPREHENSIVE COMMUNITY CHILD CARE
COMMUNITY CHEST BUILDING
2400 READING ROAD
CINCINNATI, OHIO 45202

June 30, 1975

To: Policy Board Members
From: Betty Coats, Infant Care Project Director

The draft of the attitudinal survey for the feasibility study will be written on Monday, July 7. We welcome questions you would like to submit. As we write the survey, our process will be to combine: questions we have reviewed from some 50 previous day care surveys along with questions submitted of particular interest to us in Hamilton County.

Between July 7 and the 4C Policy Board meeting on Wednesday, July 16, the draft questions will be arranged and a computer key code will be written. We would like Board members to respond to the survey at the meeting before it is duplicated on a larger scale for the pilot survey. Our pilot survey is scheduled to begin the week of July 21st.

Our survey will be of most useable value if we have as broad community input as possible. We would like each of you to ask friends who have an interest in infant care to submit questions to you or directly to us at the 4C office.

We look forward to receiving your question contributions by July 7th and encourage you to attend the July 16th Board Meeting to personally respond to the survey.

We hope your summer is off to a good start.

APPENDIX A. EXHIBIT I

Attached Letter Sent to the Following Groups:

- Directors of all licensed Infant Centers in Hamilton County
- Department of Early Childhood Education, University of Cincinnati
- City of Cincinnati Health Department-Licensing Division
- City of Cincinnati Public Schools, Vocational Education Division and Metropolitan & Family Life Program
- Maternal & Infant Care Project, General Hospital
- Hamilton County Welfare Department
- State of Ohio, Department of Public Welfare Licensing Division
- Model Cities
- Community Action Commission
- Program Advocates for Childhood Education
- A Craft Group composed entirely of married, non-employed mothers with infants or preschoolers.

COMPREHENSIVE COMMUNITY CHILD CARE
COMMUNITY CHEST BUILDING
2400 READING ROAD
CINCINNATI, OHIO 45202

July 9, 1975

N O T I C E

Re: Infant Care Survey for Hamilton County *
From: Betty Coats, Infant Care Project Director

The draft of the attitudinal survey for the Infant Care Feasibility Study is being written. We welcome questions you would like to submit. As we write the survey, our process will be to combine: questions we have reviewed in the literature from some 50 previous day care surveys along with questions submitted of particular interest to us in Hamilton County.

The survey will be computer key coded and our pilot study is scheduled to begin the week of July 21st.

The survey will be of most useable value if we have as broad community input as possible. We look forward to receiving your question contributions by July 15th.

We hope your summer is off to a good start.

* The survey will be given to present parents of infants 0-18 months old. Your questions might concern parents attitudes towards child care for infants as well as what types (in home, center, etc.) of care and program they would prefer.

Baby Care Need Study

This is a study among mothers of infants to find out their use of, and interest in, baby care. Comprehensive Community Child Care will use the study to evaluate the need for baby care in Hamilton County, Ohio.

Market Research Supervisors: E. L. Strauss
B. G. Shelton

Location:

Hamilton County, Ohio

Method:

The interviews were conducted among mothers of babies under 20 months who reside in Hamilton County. The mothers were interviewed by telephone by Market Research Department investigators. Interviews were conducted both during the day and in the evening.

The following information was obtained:

Baby care experience (p. 2)
Usual source of care and attitude towards that source (p. 3)
Cost/location of care (p. 4)
Other children cared for (p. 5)
Assessment of two care concepts (p. 6)
Classification (p. 7)

The detailed information about baby care on ages 3 to 5 was obtained only from the respondents who used care regularly (defined as once a week or more).

Dates of Interviewing:

September 16-26, 1975

Distribution of Interviews:

Three hundred and ninety-eight interviews were completed from random sample of eleven hundred natural mothers. (Adoptive mothers were excluded from the sample.) The mothers not interviewed: were not listed in the telephone directory under their own names, the fathers', or their parents'; or were no longer residents of Hamilton County; or were not willing to be interviewed. The completed interviews are reasonably representative of natural mothers residing in Hamilton County with babies born between March 1974 and August 1975.

RESPONDENT'S EXPERIENCE WITH BABY CARE

BASE - TOTAL MOTHERS --	398
	%
REGULAR USE OF BABY CARE	
REGULAR BABY CARE IS CARE BY SOMEONE BESIDES THE MOTHER AT LEAST ONCE/WEEK IN A TYPICAL WEEK	
THE RESPONDENT HAS ...	
REGULAR BABY CARE	26
OCCASIONAL BABY CARE	68
RESPONDENT HAD REGULAR BABY CARE EARLIER	3
RESPONDENT COULD NOT FIND REGULAR BABY CARE	4
RESPONDENT NEVER LOOKED FOR REGULAR BABY CARE	61
NO BABY CARE	6
	100
FREQUENCY OF BABY CARE (TIMES/WEEK)	
IN A TYPICAL WEEK, SOMEONE BESIDES THE RESPONDENT REGULARLY CARES FOR HER BABY ...	
7 OR MORE TIMES	-
6 TIMES	1
5 TIMES	8
4 TIMES	2
3 TIMES	3
2 TIMES	5
1 TIME	7
TOTAL ONE OR MORE TIMES	26
AVERAGE TIMES/WEEK (AMONG MOTHERS WITH REGULAR CARE)	3.1
LESS THAN ONCE/NEVER	74
	100
BABY CARE DAYS	
SOMEONE BESIDES THE RESPONDENT REGULARLY CARES FOR HER BABY ON ...	
MONDAY	11
TUESDAY	9
WEDNESDAY	10
THURSDAY	10
FRIDAY	11
UNDUPLICATED ONE OR MORE WEEKDAYS	16
UNDUPLICATED EVERY WEEKDAY	6
SATURDAY	2
SUNDAY	1
NO REGULAR DAY	9
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	137
BABY CARE HOURS	
MORNING = 6:30 A.M. THROUGH 12:29 P.M. AFTERNOON = 12:30 P.M. THROUGH 6:29 P.M. EVENING = 6:30 P.M. THROUGH 6:29 A.M. SOMEONE BESIDES THE RESPONDENT REGULARLY CARES FOR HER BABY ...	
MORNING TO EVENING	-
MORNING ONLY	2
MORNING AND AFTERNOON	10
AFTERNOON ONLY	1
AFTERNOON AND EVENING	3
EVENING ONLY	2
OTHER TIMES	1
NO REGULAR HOURS	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	100

USUAL SOURCE OF BABY CARE/ATTITUDE TOWARDS SOURCE

BASE - TOTAL MOTHERS --	398
	%
BESIDES THE RESPONDENT, THE PERSON WHO CARES FOR THE BABY MOST OFTEN IS ..	
HUSBAND/BABY'S FATHER	7
RELATIVE	8
BABY-SITTER	6
FRIEND	3
NEIGHBOR	1
DAY CARE CENTER	-
OTHER	1
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	100

FAVORABLE ATTITUDES

WHAT THE MOTHER LIKES ABOUT THE PERSON WHO CARES FOR HER BABY MOST OFTEN	
LIKE HAVING HUSBAND/MOTHER/RELATIVE CARE FOR BABY	2
FATHER SHOULD DO IT/IS FATHER'S JOB	2
BABY WELL CARED FOR/GETS GOOD CARE	11
BABY IS SAFE	1
NOT COST VERY MUCH/NOT EXPENSIVE/FREE	3
CONVENIENT LOCATION/NEARBY	4
COMES TO MY HOUSE/NOT HAVE TO TAKE BABY OUT	4
I LIKE/TRUST	6
DEPENDABLE/RELIABLE/AVAILABLE	3
MISC.	6
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	116

UNFAVORABLE ATTITUDES

WHAT MOTHER DISLIKES ABOUT THE PERSON WHO CARES FOR HER BABY MOST OFTEN	
NOT ALWAYS AVAILABLE	2
TOO EXPENSIVE	1
HAVE TO TAKE BABY OUT OF OWN HOUSE	2
HAVE TO DRIVE TOO FAR	1
MISC.	5
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	85

ATTITUDE SUMMARY

MADE FAVORABLE COMMENTS	25
MADE UNFAVORABLE COMMENTS	9
MADE NO COMMENT/NOT ANSWER	1
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	109

COST/SIZE/LOCATION OF USUAL SOURCE OF BABY CARE

BASE - TOTAL MOTHERS --		398
		%
AMOUNT PAID TO USUAL SOURCE OF BABY CARE		
PAID BY THE HOUR (HOURLY RATE)		4
$1.00 OR LESS	3	
NOT ANSWER	1	
PAID BY THE DAY		2
PAID BY THE WEEK (WEEKLY RATE)		5
LESS THAN $25.00	3	
$25.00 OR MORE	2	
PAID ON SOME OTHER BASIS		1
USUAL SOURCE IS NOT PAID/HUSBAND		14
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK		74
		100
AMOUNT PAID FOR BABY CARE IN A TYPICAL WEEK		
$20.00 OR LESS		7
$21.00 - $40.00		4
OVER $40.00		-
USUAL SOURCE IS NOT PAID/HUSBAND		14
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK		74
NOT ANSWER		1
		100
LOCATION OF BABY CARE BY USUAL SOURCE		
RESPONDENT'S HOME		8
ELSEWHERE		11
TAKEN THERE BY HOUSEHOLD MEMBER	11	
OTHER	-	
USUAL SOURCE IS FATHER/DAY CARE CENTER		7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK		74
		100

OTHER CHILDREN CARED FOR BY USUAL SOURCE

BASE - TOTAL MOTHERS --	398
	%

THE PERSON WHO MOST OFTEN CARES FOR THE RESPONDENT'S BABY MAY ALSO CARE FOR OTHER CHILDREN AT THE SAME TIME.

NUMBER OF OTHER CHILDREN UNDER FIVE YEARS

1 OTHER	5
2 OTHERS	2
3 OTHERS	1
4 OR MORE OTHERS	1
	9
NO OTHERS	10
USUAL SOURCE IS FATHER/DAY CARE CENTER	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	100

PARENTAGE OF THE OTHER CHILDREN UNDER FIVE YEARS

RESPONDENT'S CHILDREN	6
SOURCE'S CHILDREN	2
OTHER'S CHILDREN	1
NO OTHER CHILDREN UNDER FIVE YEARS	10
USUAL SOURCE IS FATHER/DAY CARE CENTER	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	100

NUMBER OF OTHER CHILDREN UNDER 20 MONTHS

1 OTHER	3
2 OTHERS	-
3 OTHERS	-
4 OTHERS	-
5 OR MORE OTHERS	-
	3
NO OTHERS	15
USUAL SOURCE IS FATHER/DAY CARE CENTER	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74
	100

BABY CARE CONCEPTS

	CONCEPT PRESENTED	
	CENTER	HOME
BASE - TOTAL MOTHERS --	206	192
	%	%
EACH RESPONDENT WAS ASKED HOW LIKELY SHE WOULD BE TO USE A KIND OF BABY CARE. IF SHE DID NOT SAY SHE DEFINITELY WOULD USE IT, SHE WAS ASKED WHY NOT. HALF THE RESPONDENTS WERE ASKED ABOUT EACH CONCEPT. (RESPONDENTS WERE ALTERNATED.)		
NOTE -- EXPERIENCE HAS SHOWN THAT PEOPLE CANNOT SAY WHAT THEY WOULD OR WOULD NOT DO IN A HYPOTHETICAL SITUATION. THESE RESULTS CAN ONLY BE READ AS A COMPARATIVE MEASURE OF INTEREST IN A CONCEPT.		
CONCEPT: CHILD CARE CENTER		
... A CHILD CARE CENTER THAT OFFERS VERY GOOD CARE FOR SIX OR MORE BABIES WITH MUCH SPECIAL ATTENTION FOR EACH BABY ...		
CONCEPT: CHILD CARE IN A PRIVATE HOME		
... SOMEONE OFFERS VERY GOOD CARE FOR TWO BABIES IN HER HOME WITH MUCH SPECIAL ATTENTION FOR EACH BABY ...		
THE RESPONDENT CLAIMS SHE WOULD:		
DEFINITELY USE IT	4	4
PROBABLY USE IT	37	33
PROBABLY NOT USE IT	37	37
DEFINITELY NOT USE IT	22	26
NOT ANSWER	-	-
	100	100
THE RESPONDENT DID NOT SAY THAT SHE WOULD "DEFINITELY USE IT" BECAUSE:		
PREFER TO KEEP BABY WITH ME/CARE FOR BABY MYSELF	17	18
DO NOT WORK/NOT PLAN TO WORK/ WOULD ONLY USE IF I HAD TO WORK	19	15
NO REASON TO USE/JUST NOT NEED/I'M HOME	12	12
BABY WOULD RATHER BE AT HOME/WITH MOTHER	1	1
UNDUPLICATED USE MOTHER'S CARE ONLY	49	45
BABY NOT GET INDIVIDUAL CARE/NOT ENOUGH ATTENDANTS FOR EACH BABY	4	2
PREFER MY MOTHER/RELATIVE/NOT TRUST BABY WITH ANYONE BUT FAMILY	10	16
PREFER SOMEONE I KNOW	3	7
NOT TRUST CHILD CARE CENTER	1	-
PROBABLY COST TOO MUCH/DEPEND ON COST/NOT KNOW COST	10	2
NOT GOOD TO HAVE BABY WITH OTHER CHILDREN	2	-
PREFER/MORE CONVENIENT FOR SOMEONE TO COME TO MY HOME	-	8
BABY TOO YOUNG	1	1
WANT SAME BABYSITTER FOR ALL CHILDREN	-	1
NEED TO KNOW MORE ABOUT IT/ABOUT PEOPLE/ HAVE TO CHECK IT OUT	13	10
TOO FAR AWAY FROM HOME/DEPENDS ON LOCATION	2	4
SATISFIED WITH PRESENT ARRANGEMENTS	-	2
NOT KNOW/NOT SURE	3	-
MISC.	2	3
RESPONDENT CLAIMED SHE WOULD DEFINITELY USE IT	4	4
NOT ANSWER	-	-
	104	106

CLASSIFICATION

BASE - TOTAL MOTHERS --	398
	%
NUMBER OF BABIES (20 MONTHS OR YOUNGER)	
1	92
2	7
3 OR MORE	1
	100
NUMBER OF CHILDREN UNDER FIVE	
1	52
2	42
3	6
	100
HOUSEHOLD SIZE	
1	-
2	1
3	30
4	37
5	17
6	7
7 OR MORE	8
	100
RESPONDENT AGE	
15 OR UNDER	1
16 - 19	6
20 - 24	25
25 - 29	41
30 - 34	20
35 - 39	6
40 OR OVER	1
	100
FAMILY INCOME	
UNDER $5,000	3
$5,000 - $7,999	8
$8,000 - $9,999	13
$10,000 - $13,999	31
$14,000 - $17,999	20
$18,000 AND OVER	17
NOT ANSWER	8
	100
EMPLOYMENT/SCHOOLING	
EMPLOYED FULL-TIME	6
EMPLOYED PART-TIME	11
IN SCHOOL/JOB-TRAINING	1
NOT IN SCHOOL/JOB-TRAINING	10
NOT EMPLOYED	83
IN SCHOOL/JOB-TRAINING	4
NOT IN SCHOOL/JOB-TRAINING	79
NOT ANSWER	-
	100
BIRTH DATE OF BABY	
MARCH, 1974 - AUGUST, 1974	33
SEPTEMBER, 1974 - FEBRUARY, 1975	37
MARCH, 1975 - SEPTEMBER, 1975	30
	100

Child Care Needs Survey
Verbatims
MRD #75424

"Is this/may I speak with [Mrs. (mother's first name) (father's last name)] or [(mother's first name) (mother's maiden name)]?"
IF NO, FIND OUT WHEN SHE WILL BE HOME OR IF LIVES ELSEWHERE WHERE SHE CAN BE LOCATED AND MARK THE DIALING SHEET ACCORDINGLY.
IF YES:
"This is the Household Information Bureau calling. We are doing a survey about child care".
"Do you yourself, have any babies 20 months or younger, or not?"
IF NO, RECORD AND TERMINATE INTERVIEW.
IF YES:
"Is your baby 20 months or younger living with you, or not?"
IF NO, RECORD AND TERMINATE INTERVIEW.
IF YES:

1. "How many babies do you have 20 months or younger that are living with you?"

2. "How many months old is your/each baby?"
IF MORE THAN TWO DIFFERENT AGED BABIES, RECORD BELOW NUMBER OF BABIES.
IF MULTIPLE BIRTH, RECORD AGE OF TWINS, TRIPLETS, ETC. ONCE.
IF TWO OR MORE DIFFERENT AGED BABIES 20 MONTHS OR YOUNGER, CHECK THE DIALING SHEET FOR THE BIRTH MONTH OF THE BABY IN THE SAMPLE, TRANSLATE TO AGE OF BABY IN MONTHS, AND BEGIN QUESTION 3, "Thinking just of your 3 month old baby...

3. "Does anyone besides yourself ever take care of your baby, or not, like a baby sitter, husband, neighbor, relative, friend, or day care center?"
IF NO, RECORD AND GO TO QUESTION 22.
IF YES:

4. "Does someone besides yourself take care of your baby on a regular basis, that is, at least once a week most weeks, or is it just now and then?"
IF JUST NOW AND THEN, 4a. "Have you ever tried to get someone to take care of your baby on a regular basis, or not?"
IF NO, RECORD AND GO TO QUESTION 22.
IF YES:
"Were you able to get someone, or not?"
IF NO, GO TO QUESTION 22.
IF YES, GO TO QUESTION 5.
IF ON A REGULAR BASIS, GO TO QUESTION 6.

5. "At the present time, does someone besides yourself take care of your baby at least once a week most weeks, or not?"
IF NO, GO TO QUESTION 22.
IF YES:

6. "About how many times a week does someone besides yourself take care of your baby?"

7. "Does someone besides yourself take care of your baby on the same day or days of the week, or not?"
IF YES:

8. "What day or days of the week is that?"

9. "Does someone besides yourself take care of your baby for about the same hours of the day, or not?"
IF YES:

10. "What hours are those?"
IF NECESSARY, "Just roughly."

11. "Who (who else, does anybody else) regularly take care of your baby besides yourself?"
IF NECESSARY, CLEAR FOR CATEGORY OF CHILD CARE PERSON: "You mentioned Mrs. _____ cares for your baby. Is she a friend, a neighbor, a relative, a babysitter, or just what?"

IF MORE THAN ONE PERSON REGULARLY TAKES CARE OF THE RESPONDENT'S BABY, 11a., "Who most often regularly takes care of your baby besides yourself?" IF STILL TWO REGULAR CARETAKERS, ASK ATTITUDE FOR EACH ONE AND THEN COMPLETE QUESTIONS 14 THROUGH 20 FOR EACH ONE AS APPLICABLE.

12. "Thinking just of when the (only / most often / each of the two regular caretakers) takes care of your baby, what do you think of the child care arrangement you are now using?"
IF FAVORABLE RESPONSE ASK FOR FAVS FIRST, Q. 13a, 13b, 13c, THEN GO TO UNFAVS, 13d, 13e, 13f.
IF UNFAVORABLE RESPONSE ASK FOR UNFAVS FIRST, Q. 13d, 13e, 13f, THEN GO TO FAVS, Q. 13a, 13b, 13c.

13a. "What is there you like about the <u>regular</u> child care you are now using?"

13b. "What else do you like about the child care you are now using?"

13c. "Is there anything else you like about the child care you are now using, or not?"

13d. "I realize you like the child care you are now using, but on the other hand, what is there you do not like so well about the <u>regular</u> child care you are now using?"

13e. "What else is there you do not like so well about the child care you are now using?"

13f. "Is there anything else you do not like so well about the child care you are now using, or not?"
FROM QUESTION 11 FOR THE ONLY/MOST OFTEN/EACH OF TWO REGULAR CARETAKERS <u>EXCEPT FATHER/HUSBAND AND DAY CARE CENTER</u> ASK QUESTION 14. FOR DAY CARE CENTER GO TO QUESTION 16. FOR FATHER/HUSBAND, GO TO QUESTION 22.

14. "When (the babysitter / the friend / the neighbor / the relative) takes the full care of your baby, does she take care of any other children 4 years or younger at the same time, or not?"
IF NO, GO TO QUESTION 15.
IF YES:

14a. "How many other children 4 years or younger does (the babysitter) take care of at the same time she takes care of your baby?"

14b. "Do any of the <u>other</u> children 4 years or younger belong to you, or not?"

14c. "Do any of the <u>other</u> children 4 years or younger belong to (the babysitter), or not?"

14d. "Do any of the <u>other</u> children 4 years or younger belong to someone besides yourself or (the babysitter), or not?"

14e. "Besides your baby, are any of the other children 20 months or younger, or not?"
IF NO, GO TO QUESTION 15.
IF YES:

14f. "How many other children, besides your baby, does (the babysitter) take care of who are 20 months or younger?"

15. "Does (the babysitter) take care of your baby in your home, or somewhere else?"
IF SOMEWHERE ELSE, 15a., "Do you or does someone in your household take your baby to (the babysitter)?"
GO TO QUESTION 18.
<u>FOR DAY CARE CENTER</u> IN QUESTION 11:

16. "How many babies 20 months and younger are cared for at the Day Care Center you are using?"
IF NECESSARY, "Just roughly."

17. "How many babies 20 months and younger are cared for at the Day Care Center <u>in the same room</u> with your baby?"
IF NECESSARY, "Just roughly."

FOR RESPONSES IN QUESTION 11, EXCEPT FATHER/HUSBAND.

18. "Is (the babysitter) paid money for taking care of your baby, or not?"
IF NO, GO TO QUESTION 22.
IF YES:

19. "Is (the babysitter) paid by the hour, by the day, by the week, or on some other basis?"

20. "How much is (the babysitter) paid (by the hour / by the day / by the week / on some other basis)?"
IF NECESSARY, "Just roughly."

21. "How much do you pay for regular baby care in a typical week?"

ROTATE QUESTIONS 22 AND 23.

22. (IF SECOND, BEGIN, "Now let's...") "Let's assume for a moment that there is a child care center that offers very good care for six babies with much special attention to each baby. How likely would you be to use such (IF SECOND, SAY, "that child...") a child care arrangement, that is, would you:
Definitely use it.
Probably use it.
Probably not use it.
Definitely not use it.

22a. IF WOULD PROBABLY USE IT, ASK: "You say you would probably use it, (PAUSE) why don't you say you would definitely use it?"
IF WOULD PROBABLY NOT USE/WOULD DEFINITELY NOT USE SUCH A CHILD CARE CENTER, ASK" "You say you would probably not use/would definitely not use such a child care center, why do you say that?"

23. (IF SECOND IN ROTATION, BEGIN, "Now let's...") "Let's assume for a moment that there is someone that offers very good care for two babies in her home with much special attention to each baby. How likely would you be to use such (IF SECOND IN ROTATION, "that child care arrangement...") a child care arrangement, that is, would you:
Definitely use it.
Probably use it.
Probably not use it.
Definitely not use it.

23a. IF WOULD PROBABLY USE IT, ASK: "You say you would probably use it, (PAUSE) why don't you say you would definitely use it?"
IF WOULD PROBABLY NOT USE/WOULD DEFINITELY NOT USE SUCH A CHILD CARE ARRANGEMENT ASK: "You say you would probably not use/would definitely not use such a child care arrangement, why do you say that?"
INTERVIEW COMPLETE THROUGH QUESTION 23.

CLASSIFICATION

"There are just a few more questions to divide our interviews into groups."

24. "Including yourself and any babies, how many members of your family are living in your home at the present time?"

25. "How many children 4 years or younger are living in your home at the present time?"

26. "At the present time, are you, yourself employed outside the home, or not?"
IF EMPLOYED: "Are you employed full time or part time?"

27. "Are you in school or in job training at the present time, or not?"

28. "May I have your age please?"

29. "Is the total yearly family income over or under $10,000?"
IF UNDER $10,000: "Is the total yearly family income over or under $8,000?"
IF UNDER $8,000: "Is the total yearly family income over or under $5,000?"
IF OVER $10,000: "Is the total yearly family income over or under $14,000?"
IF OVER $14,000: "Is the total yearly family income over or under $18,000?"

Instructions
Infant Care Needs Survey
Hamilton County, Ohio
MRD #75424

These instructions describe an initial study to determine usage of and attitude towards regular infant care by someone other than the mother, and to find out by whom, if with other children, at baby's home or not, and for what fees regular infant care is provided.

QUOTA AND DISTRIBUTION OF INTERVIEWS

The quota in Hamilton County, Ohio, will be 400 completed interviews among mothers with babies 20 months or younger who are living with her. An interview is considered complete if it has been completed to classification. Telephone numbers, names and birth months have been provided you from birth certificates of babies born in Hamilton County beginning March, 1974. Specific instructions for handling dialing are attached.

OUTLINE OF INTERVIEW

1. Incidence of baby 20 months or younger
   a. Number of babies 20 months or younger
   b. Age in whole months of babies 20 months or younger

2. Regular baby care experience
   a. Number times a week
   b. Days of the week
   c. Hours of day

3. Who provides regular baby care

4. Attitude towards regular baby care

5. Regular baby care with other children/at home/fees paid
   a. How many other children under 4 cared for with baby
   b. Do other children belong to respondent/caretaker/someone else
   c. How many of the other children cared for with baby are 20 months or younger/at Day Care Center the number of babies 20 months or younger in center and in same room
   d. At respondent's home or somewhere else
   e. Fees paid by hour/day/week/other basis

6. Cost of regular baby care in typical week

7. Likelihood of using center/someone's home
   a. Reasons for would probably/would probably not/would definitely not use

8. Classification

THE INTERVIEW

Ask to speak with the woman whose name is listed on the dialing sheet. If the father's name is given, use the mother's first name and the father's last name and ask for "Mrs. Jane Grey". If the father's name is not given, use the mother's first and maiden name and ask for "Jane White".

Example: Jane Ann White 6/74
1 Main Street, Cincinnati
David Lee Grey

Tell her you are doing a survey about child care. Determine if she has any babies 20 months or younger and if any of those babies are living with her, or not. If not, terminate and record as ineligible.

INCIDENCE OF BABY 20 MONTHS OR YOUNGER

Determine how many babies she has 20 months or younger living with her. Ask the age of each baby 20 months or younger, raise half months or more to the next month. If she has more than two babies 20 months or younger, record their ages in the area below recording of number of babies. If there are multiple births, record the ages of twins, triplets, etc. only once.

REGULAR BABY CARE EXPERIENCE

IMPORTANT: If the respondent has more than one baby 20 months or younger, at this point in the interview, check the dialing sheet for the birth month of the baby in the sample, translate that into baby's age in months and begin the baby care experience section by specifying the age of the baby whose birth certificate was pulled for the sample. Marksense the "ASKED" loop above the age of the baby you continue questioning on. Always mark the "ASKED" loop even in the case of one baby. We are interested in the mother's child care arrangements for this baby for the duration of the interview.

If the birth certificate pulled for the sample is one of a set of twins, etc., start through the interview per single baby changing only baby to babies. If the questions don't work because she has different arrangements for each baby, ask a courtesy question and term the interview. Record in comments at end of card.

Ask whether anyone besides herself like a husband, relative, friend, neighbor, babysitter, or Child Care Center ever takes care of her baby, or not. If no, go to likelihood of using center/someone's home.

If yes, ask whether someone besides herself takes care of her baby on a regular basis, that is, at least once a week most weeks, or just now and then. If just now and then, ask if she ever tried to get regular baby care; and if so, was she successful.

If baby cared for just now and then and respondent sometime was able to get regular child care, ask if, at the present time, baby cared for at least once a week most weeks, or not. If no, go to likelihood of using center/someone's home. If yes, ask how many times a week the baby is taken care of by someone else.

If baby cared for on a regular basis, ask how many times a week the baby is cared for by someone else.

Determine if the baby is taken care of on the same day or days of the week, and if so, what days of the week.

Ask if the baby is taken care of about the same hours of the day and, if so, what hours. Round to the nearest hour. If the mother indicates same hours of day but does not know exactly what hours, probe with "Just roughly".

Determine who/who else/does anybody else regularly care for the baby. If mother indicates more than one person, ask who besides herself most often regularly takes care of the baby. In the event that two people regularly take care of the baby, record each one.

ATTITUDE TOWARDS CHILD CARE

Obtain attitude on the child care arrangement the respondent is now using most often. Depending on respondent's reply, obtain either Favs or Unfavs first and then get reasons on the other side. Check the Blue Book for SOP of moving from Unfav to Fav. That transition sentence is not in verbatim. If two people regularly care for the baby, ask attitude toward each regular caretaker separately and then complete questions on any other children, where cared for, fees paid for care by hour/day/week/other for each caretaker as applicable. Leave fees in typical week question till interview completed for each caretaker up to the typical week question.

BABY CARED FOR WITH OTHER CHILDREN/WHERE/FEES

For the only/most often/ each of two caretaker(s) except father/husband and Day Care Center, ask if any other children 4 years or younger are cared for at the same time, find out how many other children 4 years or younger are taken care of at the same time as the respondent's baby and if the other children 4 years or younger belong to the respondent, to the caretaker, or to someone else. Ask if any of the other children are 20 months or younger; and if so, how many other babies 20 months or younger are cared for with the respondent's baby.

Determine if the baby is taken care of in the respondent's home or somewhere else, and if somewhere else, ask if the respondent or someone in her household takes the baby to the caretaker, or not.

For Day Care Center caretaker, find out how many babies 20 months or younger are at the day care center and how many babies 20 months or younger are cared for in the same room as the respondent's baby.

For the only/most often/each of two caretaker(s) except father/husband ask if the caretaker is paid money, how paid (by hour, by day, by week, etc.), and how much the caretaker is paid by the hour/day/week/other basis.

FEES IN TYPICAL WEEK

Finally, with the exception of a father/husband caretaker, determine how much money is paid for regular baby care in a typical week. Round to the nearest dollar.

LIKELIHOOD OF USING CENTER/SOMEONE'S HOME

For all respondents ask their likelihood of using a child care center and someone's home. Rotate the order of these two questions. For each, if the respondent "would probably use", find out why she would not "definitely use". For the "would probably not's" and "definitely not's", find out why they say that.

CLASSIFICATION

Ask number in household, number of children 4 years or younger in household, respondent's in school and in job training status, respondent's age, and total yearly family income (not standard breaks).

Thank the respondent for her cooperation.

Child Care Needs Study
MRD #75424

Dialing Instructions

The dialing sheets are lists of births to Hamilton County residents between March 1974 and July 1975 inclusive. (The principal month-of-birth for a page appears at the top of the page. Any births on that page that occurred in different month are marked mo/yr.)

Each birth is listed:
- Mother's maiden name
- Mother's address
- Father's name

The pencilled-in telephone numbers are entered behind the name under which they were found in the telephone book. Disregard entries without telephone numbers. Each telephone number must be dialed four times, or until complete or outed. There must be at least one call at each time of the day (Morning, afternoon, evening) and not all the calls can be on the same day. "Evening" begins at 6 p.m. The job quota is 400 interviews. At least 100 of these interviews must come from:
- March - August 1974
- September 1974 - February 1975
- March 1975 - July 1975

Numbers that are disconnected or changed, call the operator and try to obtain the new numbers.

Handling of Dialing Sheets

The dialing sheets were put in order from March 1974 through July 1975. The city sheets and then the county sheets. They had been numbered as they were done. The even and odd number dialing sheets were separated and the odd number sheets set aside. City and county sheets were kept seperate. This was an insurance against starting through all the dialing sheets and completing quota before all sheets were exhausted and therby biasing the sample. The even number dialing sheets were divided into births between March through August 1974, September 1974 through February 1975 and March 1975 through July 1975 for the city only. The county sheets were in alphabetical order. There were only about 150 names so these were only divided odd/even.

The interviewers proceeded by alternating dialing from each of the three groups of city sheets and the even numbered county sheets. Upon completion of the even number dialing sheets, quota was nearly completed. In order to insure a random sample the odd numbered dialing sheets were randomly subsampled by extraciting every dialing sheet with a number ending in 1, then every number ending in 3, etc. Quota was completed with the odd numbered dialing sheets, city and county, with a number ending in 3.

Process For Finding Phone Numbers

Carolyn Riley and Cheryl Sterman located telephone numbers (in the April 1975 Hamilton County Telephone Directory) for the names randomly pulled from the birth records by the following procedure:

- Looked up male's last name, male's first name
- Looked up male's last name, male's first name initial
- Looked up male's last name, male's nickname: ex. Robert (Bob)
- Looked up male's last name, male's nickname initial
- Looked up male's last name, female's first name
- Looked up male's last name, female's first name initial
- Looked up male's last name, female's nickname
- Looked up male's last name, female's nickname initial
- Looked up male's last name, female's nickname initial
- Looked up female's last name, female's first name
- Looked up female's last name, female's first name initial
- Looked up female's last name, female's nickname
- Looked up female's last name, female's nickname initial
- Looked up female's last name and any first name with exact same address

APPENDIX A, III

ANALYSIS OF SURVEY FINDINGS SUMMARIZED:

IMPLICATIONS FOR DESIGN OF INFANT CARE

BASE - TOTAL MOTHERS -- 398
%

A. SURVEY FINDINGS SUMMARIZED

1. REGULAR USE OF BABY CARE

REGULAR BABY CARE IS CARE BY SOMEONE BESIDES THE MOTHER AT LEAST ONCE/WEEK IN A TYPICAL WEEK	
THE RESPONDENT HAS . . .	
REGULAR BABY CARE	26

2. REASON FOR MOTHER USING REGULAR CARE

EMPLOYED/IN SCHOOL/JOB TRAINING	21
NOT EMPLOYED/NOT IN SCHOOL/NOT IN JOB TRAINING	5

3. FREQUENCY OF BABY CARE (TIMES/WEEK)

IN A TYPICAL WEEK, SOMEONE BESIDES THE RESPONDENT REGULARLY CARES FOR HER BABY	
1 TO 2 TIMES	12
3 TO 6 TIMES	14
AVERAGE TIMES/WEEK (AMONG MOTHERS WITH REGULAR CARE)	3.1

4. BABY CARE DAYS

SOMEONE BESIDES THE RESPONDENT REGULARLY CARES FOR HER BABY ON . . .	
UNDUPLICATED EVERY WEEKDAY	6
UNDUPLICATED ONE OR MORE WEEKDAY	16
NO REGULAR DAY	9
SATURDAY OR SUNDAY	3

5. BABY CARE HOURS

MORNING = 6:30 a.m. THROUGH 12:29 p.m.
AFTERNOON = 12:30 p.m. THROUGH 6:29 p.m.
EVENING = 6:30 p.m. THROUGH 6:29 a.m.

SOMEONE BESIDES THE RESPONDENT REGULARLY CARES FOR HER BABY . . .	
MORNING ONLY	2
MORNING AND AFTERNOON	10
AFTERNOON ONLY	1
AFTERNOON AND EVENING	3
EVENING ONLY	2
OTHER TIMES/NO REGULAR TIMES	8
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74

6. AMOUNT PAID FOR BABY CARE IN A TYPICAL WEEK

$20.00 OR LESS	7
$21.00 - 40.00	4
THE PERSON WHO MOST OFTEN CARES FOR THE RESPONDENT'S BABY MAY ALSO CARE FOR OTHER CHILDREN AT THE SAME TIME	

7. NUMBER OF OTHER CHILDREN UNDER FIVE YEARS

1 OTHER	5
2 OTHERS	2
3 OR MORE OTHERS	2
NO OTHERS	10
USUAL SOURCE IS FATHER	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74

8. PARENTAGE OF THE OTHER CHILDREN UNDER FIVE YEARS

RESPONDENT'S CHILDREN	6
SOURCE'S CHILDREN	2
OTHER'S CHILDREN	1
NO OTHER CHILDREN UNDER FIVE YEARS	10
USUAL SOURCE IS FATHER	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74

9. NUMBER OF CHILDREN UNDER 20 MONTHS

1 OTHER	3
NO OTHER	15
USUAL SOURCE IS FATHER	7
RESPONDENT HAS BABY CARE LESS THAN ONCE/WEEK	74

10. BABY CARE CONCEPTS *

NOTE . . . Experience has shown that people cannot say what they would or would not do in a hypothetical situation. These results can only be read as a comparative measure of interest in a concept.

	CONCEPT PRESENTED	
	CENTER	HOME
BASE - TOTAL MOTHERS --	206	192
	%	%
IN REGARD TO USE OF A CHILD CARE CENTER OR CHILD CARE IN A PRIVATE HOME		
THE RESPONDENT CLAIMS SHE WOULD:		
DEFINITELY USE IT/PROBABLY USE IT	41	37
PROBABLY NOT USE IT/DEFINITELY NOT USE IT	59	63
THE RESPONDENT DID NOT SAY THAT SHE WOULD "DEFINITELY USE IT" BECAUSE:		
USE MOTHER'S CARE ONLY	49	45
PREFER FAMILY OR SOMEONE I KNOW	13	23
PROBABLY COST TOO MUCH/NOT KNOW COST	10	2
NEED TO KNOW MORE ABOUT/CHECK OUT	13	10
OTHER REASONS	19	26

* - for detail refer to Appendix ---

APPENDIX B

INFANT CARE RESOURCES IN HAMILTON COUNTY

	SUBJECT	EXHIBIT #	PAGE
1.	Centers and Directors Serving Infants	I	B,p.3
2.	Questionnaire Form	II	B,p.4
3.	Summary of the Questionnaire	III	B,p.6
4.	Summary of Five Infant Center Visits	IV	B,p.9
5.	HCWD Summary of Infant Service	V	B,p.10

APPENDIX B, EXHIBIT 1

COMPREHENSIVE COMMUNITY CHILD CARE
COMMUNITY CHEST BUILDING
2400 READING ROAD
CINCINNATI, OHIO 45202

LICENSED HAMILTON COUNTY CENTERS SERVING INFANTS *

CENTER NAME	ADDRESS	TELEPHONE	DIRECTOR'S NAME	AGE LIMITS FOR ENROLLMENT
Children Unlimited, Inc.	7872 Clovernook 45231	522-1555	Jackie Rose	Three months to ten years.
Deer Park Christian Day Care Center	4220 E. Galbraith 45236	791-2191	Mrs. Linda Ervin	Newborn to five years.
Mini Skool (Hamilton Avenue)	10991 Hamilton 45231	742-0565	Wendy Heyduck	Three months to six years.
Mini Skool (Kemper Road)	1459 East Kemper 45246	771-8787	Barbara Wilders	Three months to six years.
Wesley Child Care Center	525 Hale 45229	861-9865	Mrs. Alyce Knox	Six months to three years.
Little House Nursery	2347 Magdalena 45231	825-3222	Mrs. Kitty Pitakos	Six months to six years-eleven months.

*Updated May 1976.

APPENDIX B, II

Today's Date
/ /

4-C
Community Chest Building
2400 Reading Road
Cincinnati, Ohio 45202

Full day ☐
Part day ☐

HAMILTON COUNTY CENTERS SERVING INFANTS

Infant: a child 0 - 18 months old

1. Center name _____
2. Address _____ Telephone _____
3. Director's Name _____
4. Date Center began service _____
5. Date Center began service to infants _____

Enrollment

6. What are the age limits for enrollment? _____
7. What limitations do you have on enrollment? _____
8. Total number of children Center is licensed for _____
9. Total number of infants Center is licensed for _____
10. Total number of infants enrolled _____
11. Normal waiting period for infant enrollment
    None _____ 1 week _____
    1 month _____ More than 1 month _____
12. In what ways can you accomodate children with handicaps? _____
13. Are infants with handicaps currently enrolled? _____
    What type handicap? _____
14. Average daily Center attendance _____
15. Average daily infant attendance _____
    15a. Cost per week for an infant _____
    15b. Estimate length of time an individual infant is in your center (what is turnover in infant attendance)?

Time

16. What are the normal hours of operation? _____
17. What days are services available? _____
18. Number of weeks Center is open per year _____
19. Number of holidays Center is closed per year _____

Staff

20. Total number of staff personnel _____
    a. Number of paid staff _____
    b. Number of volunteers _____
    c. Number of students _____
21. Total number of staff caring for infants _____
    a. Number of paid staff _____
    b. Number of volunteers _____
    c. Number of students _____
22. Personnel Information:

Title	Salary Range	Requirements
a. Director		
b. Head teacher		
c. Ass't teacher		
d. Aide		
e. Cook		

Staff Training

23. What training or experience concerning infant care and development do you require of potential staff before you hire? _____
24. Do you provide in-service training on infant care for staff?
    Yes ☐ No ☐
25. If you do provide in-service training, what is included? _____

Program For Infants

26. Curriculum Model; Example: Infant stimulation programs, whose? _____
27. A.M. Activities _____
28. P.M. Activities _____

29. Outdoor Equipment Yes ☐ No ☐
Specify the equipment: _____

Organizational Information

30. Incorporated Yes ☐ No ☐
31. Profit ☐ Non-Profit ☐

Budget

32. Total program budget per year _____
33. Source of funds:
Welfare ☐ Parent fees ☐
Community Chest ☐ Fed. food subsidies ☐
O.E.O. ☐ Other
34. Total number of infants served:
Welfare ☐ Non-welfare ☐
35. Food Programs:
Dep't. of Agriculture: Special Food Programs for Child ☐
Dep't. of Agriculture: Special Milk Program ☐
State of Ohio : Food Distribution Program ☐
36. What is the annual budget for these categories?

Budget Category	Specific	Estimate
Personnel		
Equipment		
Food		
Supplies		
Space		
Utilities		
Fringes		

Specific Care of Infants

37. What physical facilities do you have for infants when ill?
_____
38. What is your procedure for the care of an ill infant?
_____
39. What care, specifically for infants, is provided:
a. Bathing: Yes ☐ No ☐ Frequency _____
b. Diaper change: On individual schedule ☐
At Center specified times ☐ time intervals _____
c. Feeding of solids: On individual schedule ☐
At Center specified times ☐ time intervals
d. Giving of bottle: On individual schedule ☐
At Center specified times ☐ time intervals
e. How is bottle given: Propped _____ Infant is held _____ Other _____
40. Did your Center need to make physical adjustments to accomodate infants:
Yes ☐ No ☐ If so, what changes were necessary? Estimate cost _____
40a. What procedure do you use to remove infants in case of fire? _____
40b. What is the process for release of an infant from the center? _____
40c. How do you verify a person other than the parents? _____
41. Does your Center have materials or equipment used only for infants?
Yes ☐ No ☐ Specify equipment _____
42. If your Center has materials used only for infants, what procedure is used to separate infant materials from materials used by other children? _____
43. What procedure is used to clean infant-used materials? _____
44. What is your Center's procedure for changing diapers? _____
45. Are regular written notes taken on infants: Yes ☐ No ☐ Specify _____
If so, which staff takes the notes? _____
What procedure do you use to share the notes with parents? _____

Supportive Services

46. Health: Is a doctor _____ or a nurse _____ (LPN RN) available at your Center daily?
Yes ☐ No ☐ Hours _____ ☐ ☐
47. Is a doctor _____ or a nurse _____ (LPN ☐ RN ☐) available to your Center on a regular basis? Specify _____ Yes ☐ No ☐
48. Is a social worker available to your Center on a regular basis? Specify _____
49. How are parents involved in the daily program? _____
50. How are parents involved in policy/decision making for the total Center? _____
51. Are there regularly scheduled parent-staff meetings? Yes ☐ No ☐ If so, how often? _____
52. How are the topics for the meetings determined? _____
53. Are any meetings held specifically for parents of infants? Yes ☐ No ☐ Please specify _____
54. Are there regularly scheduled parent-staff conferences? Yes ☐ No ☐ If so, how often? _____
55. Is there any other relevant information concerning infants at your Center: _____

Thank you.
Signature _____
Title _____
Interviewer _____

APPENDIX E. III

COMPREHENSIVE COMMUNITY CHILD CARE
COMMUNITY CHEST BUILDING
2400 READING ROAD
CINCINNATI, OHIO 45202

HAMILTON COUNTY CENTERS SERVING INFANTS

SUMMARY OF QUESTIONNAIRE *
(Summary numbering matches questionnaire)

6. What are the age limits for enrollment? (1) newborn; (3) three months; (3) six months.

8. Total number of children center is licensed for? Six centers reporting: 555.

9. Total number of infants center is licensed for? Seven centers reporting : Ninety.

10. Total number of infants enrolled? Seven centers reporting: Sixty-six.

11. Normal waiting period for infant enrollment: (3) none; (2) one month; (2) more than one month

12. Centers that can accomodate children with handicaps: (3) yes; (3) no.

13. Infants with handicaps currently enrolled: None.

14. Average daily center attendance? Six centers reporting: 205.

15. Average daily infant attendance? Seven centers reporting: Fifty-Four.

15a. Cost per week for an infant? (1) $30.00; (2)$20.00; (2) $35.00; (1) $19.00.

16. Normal hours of operation (average): 6 a.m. - 6:30 p.m.

17. Days service is available: Monday through Friday.

18. Number of weeks center is open per year: Fifty-Two.

19. Number of holidays per year (average): Five.

20. Number of staff (average): Twelve.

20a. Number of paid staff (average): Ten.

20b. Number of volunteers (average): Three.

20c. Number of students (average): One.

21. Number of staff for infants (average): Two.

21a. Number of paid staff for infants (average): Two.

21b. Number of volunteers for infants (average): One.

21c. Number of students for infants (average): One.

22a. Director's yearly salary range (average): $4,680 - $14,000.

22a. Director's requirements (average): High School Diploma - Masters Degree.

22b. Head teacher's yearly salary range (average): $2,080 - $9,000.

22b. Head teacher's requirements (average): High School Diploma - Bachelor Degree.

*Correct as of July 31 1975 based on seven centers reporting. In August 1975 one center serving eight infants, closed.

22c. Assistant teacher's salary range (average): $2,080 - 7,000.

22c. Assistant teacher's requirements (average): High School Diploma - 4 year Degree.

22d. Aide's yearly salary range (average): $2,080 - $6,000.

22d. Aide's requirements (average): High School Diploma.

22e. Cook's yearly salary range (average): $2,340 - $6,000.

22e. Cook's requirements (average): Experience to High School Diploma.

23. The training experience required for teachers is: (1) one week observation; (1) college experience; (4) work experience; (2) a High School Diploma; (1) be a member of the church; (1) to be a mother; (1) two days of volunteer training.

24. Do you provide in-service training? (5) yes; (2) no.

29. Do you have outdoor equipment for infants? (4) yes; (2) no.

30. Is the organization incorporated? (4) yes; (3) no.

31. Is the organization profit or non-profit? (5) profit; (2) non-profit.

33. What is the source of funds? (7) parent fees; (2) other.

34. The number of centers serving some infants on welfare are: (1) welfare (6) non-welfare.

35. The number of centers served by Federal Food Programs: One.

37. Facilities for ill infants: (6) isolation room; (1) no special facility.

38. Procedure for care of ill infants: all notify the parents; (1) notify doctor; (1) takes temperature; (1) can take to hospital in an emergency.

39. Specific care for infants:
a. Bathing: (6) yes - if needed; (1) no.
b. Diaper change: all infants on individual schedule.
c. Feeding of solids: (6) individual schedule; (1) specific times.
d. Giving of bottle: all infants on individual schedule.
e. How is bottle given? (5) infant held; (2) holds own bottle.

40. Were physical adjustments needed to center to accommodate infants? (5) no; (2) yes.

40. Cost estimate: (1) no cost; (1) $800.00.

40a. The procedures used to remove infants in case of fire:
a. The big ones walk;
b. The infants are carried;
c. All staff participate;
d. One center has fire drills;
e. Each room has a door leading directly outside.

40b. The infant release procedure:
a. At one center the parent must call if someone else is to pick up the child.
b. At one center the parent signs in and signs out.

40c. Verification for release of an infant varies among the centers. Some of the procedures used are:
a. The Director calls parent and asks if child may leave with the person,
b. The Director asks for identification
c. The Center is contacted ahead.

41. Does center have equipment for infants only: "Yes" at seven centers.

42. Procedure to separate infant materials: at five centers the infant room is separate, at one center the toys are sorted by a teacher.

43. The procedure to clean infant materials varies among the centers. Several of the centers wash and spray the toys with disinfectant daily.

44. Diaper accommodations: Four centers use disposable diapers and one center uses diaper service.

45. Are regular written notes taken on infants? "Yes " at four centers, "No" at two centers.

45. How are notes shared with the parent?
(a) At one center they are posted on the bulletin board.
(b) At two centers the director discusses with the parent.
(c) At one center a daily form report is used "Report to Parent".
(d) At one center a twice yearly progress report is used.

46. Is a doctor or nurse available daily to the center? "No" at four centers, at one center a doctor is on call and at one center an R.N. is available daily during the school term.

47. Is a doctor or nurse available on a regular basis? "No" at two centers and at two centers a doctor is on call.

48. Is a social worker available on a regular basis? "No" at five centers.

49. Are parents involved in daily programs? "No" at three centers, "limited involvement" at four centers.

50. Are parents involved in policy decisions for the center? "No" at three centers, one center uses a suggestion questionnaire, one center has a parent on the Board of Directors and one has a parent meeting once a month.

51. Are there regular parent and staff meetings? "Yes" at four centers, "No" at three centers.

52. How are the topics for the meetings determined? (a) Parent choose their own topic; try to do long range program planning; (b) determined by the "need" and the interest; (c) as elected by staff and director; (d)staff goes over what the activities have been; get suggestions from parents; (e) staff tells what new has happened or will occur.

53. Are meetings held specifically for parents of infants? At four centers "No", at three centers "Yes".

54. Are there regularly scheduled parent and staff conferences? At four centers "Yes", at three centers "No".

APPENDIX B, IV

COMPREHENSIVE COMMUNITY CHILD CARE
COMMUNITY CHEST BUILDING
2400 READING ROAD
CINCINNATI, OHIO 45202

SUMMARY OF FIVE INFANT CENTER VISITS

1. Number of infants enrolled: 80

2. Average daily infant attendance: 68-70

3. Number of infants on waiting lists: approx. 40

4. Reasons parents have given to director's why they chose a center child care arrangement:
   (a) Learn more, progress more
   (b) In a school with other children
   (c) Better qualified care
   (d) *Trust a center, don't know what a sitter is doing
   (e) *Reliable, always there
   (f) More attention (given child) at center than a sitter

5. Changes in fee per week since June, 1975
   (a) One center raised fee from $20.00 to $25.00 to give a raise to a staff person who hadn't had one in two years, plus increased cost of table food.
   (b) Two centers lowered their fee from $35.00 to $33.00 per week and have discontinued diaper service; cost was three cents per diaper.

6. Center provides, included in the cost per week: table food, at five centers.

7. Parent provides:
   (a) Baby food: at five centers; (b) Formula: at five centers; (c) Diapers: at four centers (One center provides disposables which are donated to the center.).

8. Program:
   Routines fill most of the day; feeding, diapering, napping for the 0 - 12 month old:
   Feeding Schedule
   All fed at same time: at two centers.
   Fed individually or small groups: at three centers.
   Diapering
   On an as needed basis: at five centers.
   Napping
   Lights out; all infants rest at the same time: at two centers.
   Most resting, individual children can be up: at three centers.

*Mentioned at more than one center.

Correct as of November 1975.

APPENDIX B, V

COMPREHENSIVE COMMUNITY CHILD CARE
COMMUNITY CHEST BUILDING
2400 READING ROAD
CINCINNATI, OHIO 45202

Summary of Service to Infants from
Hamilton County Welfare Department *

January 1 1975 - July 1 1975

1. Number served in a Day Care Home: 210 .
   Maximum of six children, including day care mother's own, up to age 14. Only two children under two can be served.

2. Number served by a Day Care Aide: 26 .
   The person providing day care in a child's own home.

3. Number served by a Day Care Center: 7 .
   Care for five or more children must be licensed.

4. Total number of infants served: 243 .

5. The five zip codes serving the most infants were, in descending order:

   45229, 45206, 45207, 45225, 45214.

   Need: Welfare day care staff estimate that spaces at centers are needed for approximately 30 - 40 infants.

*H.C.W.D. certifies the home providers and aides.

APPENDIX C

INFANT CARE NEEDS IN HAMILTON COUNTY

	SUBJECT	EXHIBIT #	PAGE
1.	Forty-four Neighborhoods	I	C,p.2
2.	Ranking of City Census Variables	I	C,p.3
3.	Forty-two Political Subdivisions	I	C,p.4
4.	Political Subdivision Census Tracts	I	C,p.5
5.	Perception of Need	II	C,p.7

APPENDIX C, EXHIBIT I

STATISTICAL NEIGHBORHOOD ON CENSUS VARIABLES

STATISTICAL NEIGHBORHOOD NAME	FEMALE HEAD OF H.H. WITH CHILDREN EMPLOYED 1974[1]	MARRIED WOMEN IN LABOR FORCE WITH CHILDREN UNDER SIX[2]
1. Avondale	421	429
2. Corryville	80	59
3. N. Avondale-Paddock Hills	84	127
4. Over/Rhine	103	144
5. Mt. Auburn	138	237
6. Fairview - Cliftn Heights	103	182
7. Clifton	76	172
8. Bond Hill	158	240
9. Roselawn	65	87
10. Hyde Park	102	201
11. Mt. Lookout	66	157
12. Oakley	131	302
13. Madisonville-Eastwood	236	444
14. Kennedy Heights	114	221
15. Pleasant Ridge	91	198
16. Mt. Adams	17	38
17. Columbia-East End	38	104
18. Riverside-Sedamsville	21	46
19. Fernbank-Saylor Park	12	23
20. E. Price Hill	177	355
21. W. Price Hill	153	477
22. N. Fairmount	123	117
23. S. Fairmount	51	71
24. N.W. Fairmount	141	427
25. Lower Price Hill	29	82
26. Northside	128	221
27. S. Cummsville	65	99
28. West End	506	214
29. Evanston	267	274
30. E.Wlnt Hills	43	46
31. Walnut Hills	184	174
32. Carthage	25	53
33. Hartwell	52	103
34. College Hill	204	346
35. Mt. Airy	45	77
36. Winton Hills	227	230
37. Westwood	174	309
38. Mt. Wshgton.	95	130
39. California	2	4
40. Camp Wshgton.	25	90
41. River Road	13	17
42. Univ. Heights	30	110
43. Queensgate	10	19
44. CBD-Central Riverfront	1	5

[1]Information Systems Center, Cincinnati Profiles, 1975, A Report Prepared for the Cincinnati Working Review Committee on Housing. (Cincinnati: City of Cincinnati, 1975).

[2]U.S. Bureau of the Census, Census of Population and Housing: 1970. Census Tracts, Final Report PHC (1) - 44 Cincinnati, Ohio - Ky. - SMSA.

RANKING OF CITY CENSUS VARIABLES

RANK ORDER FEMALE HEAD OF HOUSEHOLD WITH CHILDREN EMPLOYED	FEMALE HEAD OF HOUSEHOLD W/CHILDREN EMPLOYED [2]	STATISTICAL NEIGHBORHOOD NAME	MARRIED WOMEN IN LABOR FORCE WITH CHILDREN UNDER SIX [1]	RANK ORDER MARRIED WOMEN IN LABOR FORCE WITH CHILDREN UNDER SIX
West End	second	1. Avondale	third	W. Price Hill
Avondale	tenth	2. Bond Hill	tenth	Mdsnville
Evanston	sixth	3. College Hill	sixth	Avondale
Mdsnville	eighth	4. E. Price Hill	fifth	N. W. Fairmount
Winton Hills	third	5. Evanston	ninth	E. Price Hill
College Hill	fourth	6. Madisonville	second	College Hill
Walnut Hills	unrank	7. Mt. Auburn	unrank	Westwood
E. Price	unrank	8. N. Fairmount	unrank	Oakley
Westwood	unrank	9. N. West Fairmount	fourth	Evanston
Bond Hill	unrank	10. Oakley	eighth	Bond Hill
	unrank	11. Over-the-Rhine	unrank	
	seventh	12. Walnut Hills	unrank	
	one	13. West End	unrank	
	unrank	14. West Price Hill	one	
	ninth	15. Westwood	seventh	
	fifth	16. Winton Hills	unrank	

[1] U.S. Bureau of the Census, Census of Population and Housing: 1970, Census Tracts, Final Report PHC (1) - 44 Cincinnati, Ohio - Ky. - SMSA.

[2] R.L. Polk, "Profiles of Change," 1972, 1973, 1974, (Detroit: R.L. Polk, 1974).

APPENDIX C, 1

FORTY-TWO POLITICAL SUBDIVISIONS

POLITICAL SUBDIVISION NAME	MARRIED WOMEN IN LABOR FORCE W/CHILDREN UNDER SIX
CITIES	
1. Blue Ash	104
2. Cheviot	122
3. Deer Park	95
4. Green Hills	82
5. Lincoln Hgts.	105
6. Lockland	116
7. Maderia	73
8. Mt. Healthy	58
9. Norwood	614
10. Reading	238
11. Sharonville	253
12. Silverton	194
13. Springdale	126
14. St. Bernard	62
15. Wyoming	119
TOWNSHIPS	
16. Anderson	377
17. Colerain	822
18. Columbia	65
19. Crosby	29
20. Delhi	257
21. Green	480
22. Harrison	62
23. Miami	58
24. Springfield	940
25. Sycamore	197
26. Symmes	99
27. Whitewater	51
VILLAGES	
28. Amberley	50
29. Arlington Hts.	23
30. Cleves	59
31. Elmwood Place	63
32. Evendale	25
33. Fairfax	25
34. Forest Park	323
35. Glendale	19
36. Golf Manor	49
37. Indian Hill	104
38. Mariemont	50
39. Montgomery	27
40. Terrace Park	12
41. Woodlawn	114
42. N. College Hill	100

RANK ORDER MARRIED WOMEN IN LABOR FORCE WITH CHILDREN UNDER SIX
1. Springfield
2. Colerain
3. Norwood
4. Green
5. Anderson
6. Forest Park
7. Delhi
8. Sharonville
9. Reading
10. Sycamore

[1]Census of Population and Housing: 1970.

TOWNSHIPS, CITIES AND VILLAGES BY CENSUS TRACTS IN THE COUNTY[1]

TOWNSHIPS	CENSUS TRACT		
1. Anderson	240 250.02	250.01 251	Broadwell Mt. Summit Cherry Grove Fruit Hill Forestville Asbury Sweetwine
2. Colerain	205 207.01 207.03	206 207.02 219	Groesbeck White Oak Barnsbury Dunlap Bevis North College Hill Dry Ridge
3. Columbia	242		Plainville
4. Crosby	203		Fernald New Baltimore New Haven
5. Delhi	213 214.02	214.01	Anderson Ferry
6. Green	208.01 210.01 210.03 212	208.02 210.02 211	Monfort Heights Bridgetown Covedale Dent, Mack
7. Harrison	201		
8. Miami	204.02		Mt. Zion
9. Springfield	215.03 216.01 219 222	216 216.02 221.02	New Burlington Pleasant Run Pinnertown
10. Sycamore	223.02	236	Beechwood Rossmoyne
11. Symmes	243		Loveland Brecon Symmes 16 Mile Stand
12. Whitewater	202		Miamitown Blue Jay Hooven E Town

[1]Information Systems Center, Community Data Book (Cincinnati: 1973).

CITIES	CENSUS TRACT		
1. Blue Ash	235		Highland Grove
2. Cheviot	209.01	209.02	
3. Deer Park	237.01	237.02	
4. Green Hills	220		
5. Lincoln Heights	227		
6. Lockland	228		
7. Madeira	241		Kenwood
8. Mt. Healthy	217		
9. Norwood	252 254.01 255	253 254.02 256	
10. Reading	232.01	232.02	
11. Sharonville	230		Crescentville Sharon Woods
12. Silverton	238		
13. Springdale	215.01		
14. St. Bernard	258		
15. Wyoming	226		

VILLAGES	CENSUS TRACT		
1. Amberley	233		
2. Arlington Heights	229		
3. Cleves North Bend Addyston	204.01		
4. Elmwood Place	257		
5. Evendale	231		
6. Fairfax	247		
7. Forest Park	215.02		
8. Glendale	224		
9. Golf Manor	234		
10. Indian Hill	240 259	244	Allendale Ramona
11. Mariemont	248		
12. Montgomery	239		
13. Terrace Park	245	246	
14. Woodlawn	225		
15. North College Hill	218.01	218.02	

PERCEPTION OF NEED IN RELATION TO INFANT CARE

1. Current Use

A. GEOGRAPHIC LOCATION

TYPE OF INFANT CARE		CITY ZIP CODE	MOSTLY COUNTY ZIP CODE	COUNTY ZIP CODE	TOTAL
Center		6	--	84	90
Day Care Home	W*	191	15	4	210
	S	10	0	0	10
In Own Home *		25	0	1	26
All Licensed/ Certified					336

* = All Welfare paid care S = Seven Hills

We know approximately 2,500 additional infants are receiving paid care but we do not know the geographic location. We do know these infants are all receiving care in a home - either their own or a provider's home.

B. HOURS OF SERVICE
We know the hours of service offered by infant centers which range from 6:00 a.m. to 6:00 p.m. We do not know the specific hours of the day care homes through the Hamilton County Welfare Department. We understand the hours are, in most all cases, within the same range as offered by the licensed infant centers. We do not know the range of hours offered in non-certified homes.

C. COST OF SERVICE
We know the cost of service at the six licensed centers ranges between $25.00 and $33.00 with an average cost per week of $30.00. We know the cost to the Hamilton County Welfare Department for one infant per week is $21.25. We know approximately 1,600 mothers pay $20.00 or less in a typical week for infant care and approximately 900 mothers pay between $21.00 - $40.00 in a typical week.

D. PROGRAMS
In centers:

A time is provided during each morning for the infants to be out on the floor, crawling, in a walker, or to be playing. Depending on the age of the infants, some take a morning nap. At several centers, weather and temperature permitting, the babies are taken outdoors. Two centers have double strollers, one puts blankets on the grass or takes the walkers out.

Feeding:
At one of the centers, four infants are placed in high chairs at the same time, all in a large square facing each other. The high chairs are set on a large plastic dropcloth. These children are eating table food and able to feed themselves finger food. At several centers, the high chairs are all lined up against a wall and the teacher moves up and down the line, feeding baby food to those who need help and assisting the others. At one center, each baby was fed individually in about an hour to hour and one half period. In this case, babies receiving a bottle were held and rocked; those receiving baby food were put in an infant seat at adult arm level; those on table food were put in a high chair. At two centers, infants are fed lunch on an individual basis. At four centers, all are fed when lunch is ready for the older children in the day care center.

Diapering:
Diapering occurs on an "as needed" basis at all of the centers. At several centers staff have to use magic markers to put names on each individual disposable diaper as it is taken from the diaper bag and put on a shelf near the change area. Almost no staff are washing their hands after <u>each</u> diaper change. Some staff change several children in a row, then wash their hands. Others only wash their hands if a soiled diaper has been changed. Cleaning or washing the diapering area is very sporadic. At some centers a spray disinfectant is used most of the time after each diaper change; at others the change table area is only cleaned after a group of children have been diapered. At several centers, babies are sometimes changed in their cribs, sometimes at the change table. At other centers, they are always changed at the change table.

Sleeping:
At several centers, babies who took an A.M. nap were put in their cribs to sleep while the lights stayed on for those who were awake and up. On the other hand, at several other centers all the infants were placed in their cribs about 9:30 a.m. and the lights were turned off. Staff circulated encouraging the babies to lie down. After about half an hour, those infants who were not yet sleeping were taken out of their cribs and brought to the play area on the rug. Lights remained out however until about 11:00 a.m. At all of the centers, all infants are in their cribs by 1:00 p.m. (at most 12:30 p.m.) to take afternoon naps until 2:30 or 3:00 o'clock.

Records:
Written daily records and notes are kept at three of the centers. These indicate: the time of each diaper change and if the change was for urine or a bowel movement; the time of each nap and its length; the time of any feedings and the number of ounces of formula if on a bottle and if there was anything special or unusual which occured. At two of the centers this is an individual record which is given to each parent as they come to pick up their baby. At one center the record is posted on a bulletin board for parents to read. At two centers parents are asked to bring in an individual report on their baby's night - how long s(he) slept, etc. Although daily records are taken at three centers, none of the centers keep a running daily record for the center or staff.

Parents begin coming to pick up their babies from the end of nap time until closing. A snack is offered following naps, juice and crackers at most centers. Several centers have a record player in the infant room and this may be used following naps.

Hamilton County Welfare Department Day Care Homes:
Providers through Hamilton County Welfare Department do not have a written schedule of their activities but they do verbally tell the day care home finder on her initial visit, and at the twice yearly visit, some things they would do with the children during the day. We do not have a record of what a "typical day" might include.

Private Day Care Homes plus In Own Home Care:
We have no record or idea of what activities take place in these homes.

E. SUPPORT SERVICES

In Centers

Five of the centers have no supportive services offered to their infant care staff in the areas of: physical or mental health, curriculum and/or infant development or stimulation, or social services. One center does receive visits from a staff person of Preschool Prevention Program.

In Hamilton County Welfare Department Certified Day Care Homes:

No system of outside support services is presently given to providers, however, a provider could call the Hamilton County Welfare Department Day Care Unit and a home finder would try to assist them and/or refer to another Welfare Department Unit or outside agency.

In Non-certified Day Care Homes or the Infants own home:

No system of support services exists. Each provider has to rely totally on her own knowledge and contacts in the community.

APPENDIX D

PROPOSED INFANT CARE MODELS FOR HAMILTON COUNTY

	SUBJECT	EXHIBIT #	PAGE
1.	"Satellite " System, Twenty-four Components----	I	D,p.2
2.	"Satellite" Implementation Plan----------	II	D,p.11
3.	"Satellite" Schedule ----------	III	D,p.20
4.	Outline of Topics ----------	IV	D,p.22
5.	"Home" Model ----------	V	D,p.23

APPENDIX D, EXHIBIT I

DESCRIPTION OF "SATELLITE" SYSTEM CHART

The chart provides detailed information to accompany the narrative of a "Satellite" System described in Section Four.

TO READ: Begin at the left with COMPONENT and read across the page to determine how this component benefits the provider, the community resource, the parent and the volunteer. The heavy line divides the people benefited from the time line for implementation.

COMPONENT: The twenty-four listed titles are examples of the parts which contribute to a "Satellite" System.

PROVIDER: The day care home provider to whom services are being delivered.

COMMUNITY RESOURCE: In this example, a day care center.

PARENT: The parent of the child(ren) receiving day care in the provider's home.

VOLUNTEER: The community person who assists, particularly at the community resource for provider/child group meetings.

PILOT: The whole project is a Pilot the first time it is implemented.

FIRST SIX MONTHS: Delivery of service to the first set of sixteen providers.

EXPAND IN SAME COMMUNITY, SECOND SIX MONTHS: A new set of sixteen providers begins receiving services.

PHASE OUT: The first six month period immediately following the Pilot year.

ON ITS OWN: The period six months after the Pilot and beyond.

TERMS:

1. "Telephone tree": The system by which one provider calls another provider and the provider called, calls another.
2. "Pairing system": Two providers are matched to assist each other for emergencies.
3. Substitute "pool": People on the substitute teaching list at the center.

"SATELLITE" SYSTEM

Abbreviated Definition: A day care home provider and a community resource are in direct contact and can benefit each other.

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
1. IDENTIFY DAY CARE PROVIDERS	-can receive services, -can be plugged into a system.	-would establish a direct "feeder" system of children from which a center could draw, -would establish a group of trained providers who could be included in a substitute pool.	-can make more choices for care, alternatives to center care, -can make the best match for their child.		Pilot arranges*	Pilot arranges	Pilot initiates publicity of the "helping hand."**	The "helping hand" is a pattern established.
2. INITIAL ASSESSMENT OF PROVIDER (MADE JOINTLY BY HOME VISITOR AND PROVIDER)	-can become aware of own strengths, -can indicate topics of interest to: individualize training.				Pilot arranged. Home visitor and provider use pilot designed assessment tool.	-----same.	Forms available through "helping hand" for self-assessment.	-----same.
3. INITIAL ASSESSMENT OF INFANT AND OTHER CHILDREN	-given assistance in seeing strengths/weakness in day care children, -given opportunity to ask questions. -opportunity for home visitor to individualize materials for children.		-should receive the assessment information. -should be shown and helped to understand the child's strengths and weaknesses.	-general information would be helpful to the volunteer assisting in the center group time.	Pilot arranged. Home visitor would use pilot designed assessment tool.	-----same.	Forms available through "helping hand" for provider to use.	-----same.

*"Pilot arranges" - Staff of the Pilot Project have this responsibility.
**"Helping hand" - The neighborhood resource person.

D,p.3

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
4. OFFER "PARENTING SKILLS"	-opportunity to receive training presently directed to mothers, -opportunity for new ideas to share with parent.	infant stimulation and parenting skills could be demonstrated at center group time so staff could benefit.	working parents could be included. (Survey Results: average amount of infant care is 3.1 days per week, therefore, may have some time to attend).	may enjoy opportunity to be included.	Pilot arranges.	First sixteen providers encouraged to continue meeting with infant stimulation people, can attend a pilot organized workshop.	All thirty-two providers encouraged to continue meeting with infant stimulation people.	Pattern is established.
5. HOME VISITORS	-someone seen as a resource, brings materials, -provider can be reinforced on good things seen in her home.	-liason between the center and provider, -can help identify strengths of providers to the center.	their children directly benefit through loaner toys and games.		Pilot arranges. Once a week visits for two months of every other week visits.	First sixteen providers visited once during rest of Pilot training period for final assessment.	The thirty-two trained providers will be encouraged to visit each other, most particularly those paired as substitutes for each other and who are on the "telephone tree" together. Arrange for the instructor in vocational or college course to visit once during each quarter or smester.	Pattern established with providers visiting each others homes. Pattern established and a volunteer trains new people.

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
6. SHARE LOANER TOYS AND EQUIPMENT (CRIBS, HIGHCHAIR) BETWEEN CENTER AND PROVIDER.	-would not have to buy expensive equipment for just one child, -would provide variety without cost, -would provide more age appropriate toys.	-could loan out and not have to store, -could seek help from the many providers for toy repair which would benefit center.	-knows child is having opportunity to use more varied materials, not possible when provider was alone, -knows provider is able to give proper equipment not "make do" equipment.	volunteer would know equipment that they helped to find, refinish and repair, was being well used, more people using would be an added incentive.	Pilot arranges, after providing training; this could be a volunteer's job to inventory.	Pilot arranges and a volunteer inventorys.	A volunteer carries out the inventory.	Pattern is established and a volunteer trains new people.
7. EVENING CLASSES FOR PROVIDERS.	-after receiving training certificate could be put on substitute pool at center; therefore, more regular employment; -become more aware of training possibilities.	-after providers receive certificate, could be on the center's substitute list, -staff can use as in-service training.	in evening, could likely attend too--see results in provider offering their children more alternatives.	could attend too.	Pilot arranges in neighborhood.	Pilot arranges in neighborhood.	Training established at a community institution.	Training established for providers at a community institution.
8. OFFER TRAINING IN THE NEIGHBORHOOD WHICH BRINGS TRAINING CLOSE TO HOME.	originally a provider who would not go across town, may go to a neighborhood site.	attention given to their facility may increase staff pride, when they know they are a gathering place.	parent (like provider) more likely to use a resource in evening that's close, may team up with provider.	accessibility, seldom have opportunity to be included in training they desire.	Pilot arranges.	Pilot arranges.	Pilot initiates what training possible in neighborhood. Use this group to publicize community institution.	Pattern is established.

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
9. GROUP MEETING AT CENTER: PROVIDER PLUS DAY CARE CHILDREN.	provide space, materials and playmates for the preschoolers which are not avialable in the home.		knows their child is receiving a broader experience than when in the day care home only.		Pilot arranges.	Pilot arranges for second sixteen. Pilot encourages first sixteen to continue meeting and offers assistance.	Pilot encourages group to continue.	Pattern is established with thirty-two providers.
10. PROVIDERS AND CENTER STAFF SHARE IDEAS, EXPERIENCES.	-benefits from the experience and training of center staff, -benefit from seeing alternative methods of careing for children.	-staff become visible as community resource people, -staff builds self-esteem; it is important that this training reaches beyond the center.	-their child benefits from the stimulation, and new ideas the provider is receiving, -spinoff: parent also may want to be included in speakers and films.		Pilot arranges.	First sixteen encouraged to return for workshops, other events where center staff also are present. Pilot arranges for second sixteen providers.	Thirty-two trained providers as a group could be encouraged to meet with center staff at special times for speakers or pay a small charge to center for film rental.	Pattern is established.
11. PILOT PROJECT'S FILMS AND SPEAKERS USED BY BOTH PROVIDER AND CENTER STAFF.	-an opportunity to share resources not possible in an individual day care home.	-general topics: such as child development and assessment techniques, -useful to both, worthwhile for a speaker to come for the combined group.	-can receive handout information. -if not working full week, could attend also.	Volunteers invited to attend.	Pilot arranges.	Second sixteen paired with first to keep them informed.	Pairs already arranged, use "telephone tree."	Patten is established.
12. SCREENING SERVICES, (SIGHT, HEARING) CARRIED OUT AT CENTER.	as an extension of a center program could receive these services.				Pilot arranges.	First sixteen providers paired up with second sixteen for "telephone tree." Call for items like screening at center.	Pairs arranged for substitutes can be used in "telephone tree."	Pattern is established with thirty-two providers.

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
13. TRAINING FOR VOLUNTEERS IN CHILD CARE FOR THE HOME OR CENTER.	-knows the volunteer will have understanding for the responsibility and opportunity of the day care home, -knows the volunteer has respect for the provider before the center meetings begin.	-relieves the center director of time consuming training, -director knows the volunteer is being oriented to the center.	open to parents also.	a scheduled time to receive information, to get an overall picture and better understanding of the whole program, then will feel closer to it and give better support.	Pilot arranges.	Pilot arranges. A packet, in outline form is developed for future use.	"Helping hand" or other provider co-trains with center director.	Patten is established.
14. VOLUNTEER SCREENING FOR HANDICAPS/ DEFECTS CAN REACH THE PROVIDER.	a system they can look for, get help with children in their care--a service available to groups in which the individual seldom gets involved.	the large number (center plus home children) may help the center to be placed on a screening schedule.	-knows their child is getting good care; -if screening is on a day off, parent could take themself; -provider and parent might be encouraged to go together.	-may be able to reach the under three age group which is usually hard to reach. -good preventative screening.	Pilot arranges.	Pilot arranges.	Pilot initiates with screeners, pattern established.	Pattern is established.

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
15. NEWS-LETTER	-raise self-esteem -keep in touch with their paper (share experiences and recipes), -publicize to the neighborhood as tangible evidence of the program, -help with recruiting volunteers.	-the pilot seems professional when it has a printed paper, -can try out at the center new ideas or activities successful in the home.	-tangible evidence of the program, -feel they and their children are a part of a system. -ideas they can use at home too because it is tailored to home care.	seeing the newsletter on a bullentin board may be their awareness of the "Satellite" System, a volunteer may come to help the program.	Pilot arranges and publishes.	Pilot arranges, prepares copy for publishing; published by center or other community group.	Alternative process to Pilot publishing is continued.	Pattern is established.
16. WORKSHOP TOPICS OF GENERAL INTEREST: FIRST AID, CHILD DEVELOPMENT, ASSESSMENT.	opportunity to listen to and participate in a topic of interest to them.	opportunity for staff training.	opportunity to attend, feel a part of the "system" too.	opportunity to attend.	Pilot arranges for resource people and materials.	First Aid, others arranged by pilot in neighborhood.	Workshops are continued, arranged by center director and or "helping hand."	Pattern is established.
17. "MOTHERS NIGHT OUT", A POT LUCK SUPPER FOR PROVIDER AND PARENT.	-an opportunity to relax and communicate freely with the parent, get to know better, -an opportunity to match "parenting" styles of parent and provider.	center cook might earn money preparing food at cost plus her labor.	an opportunity to get to know the provider better without the rush to go home to prepare the meal.	Volunteer might assist in preparing meal so the only cost would be the food.	Pilot arranges.	Pilot arranges.	The thiry-two providers are encouraged to keep in touch by the "pairing system" and "telephone tree." "Helping hand" could initiate a "Mothers Night Out".	Pattern established on its own.

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
18. ASSESSMENT OF FIRST SIXTEEN PROVIDERS AT END OF FOURTH MONTH OF TRAINING.	a feedback and guide as to their progress which is important to know because most providers working alone seldom receive an assessment.				Pilot arranged. Home visitors use pilot designed assessment tool same as first month to measure growth.			
19. ASSESSMENT OF INFANT AND OTHER CHILDREN AT END OF FIRST FOUR MONTH TRAINING PERIOD.	-demonstrates tangible gains the children have made, -introduces the process of assessment as a teaching model, -increases her ability to notice growth and change in the children given care.		-demonstrates tangible gains their child(ren) have made, -becomes aware of the range of their child's skill and ability, -assists to see strengths and weakness of their child to which they can support or give added attention.	general progress of the group might be good feedback, feel they were a part of the success.	Pilot arranged. The home visitor will use the pilot designed assessment tool (same as used at initial assessment) with the provider.	Pilot arranged. ----same.	Pilot designed six month follow-up assessment used with permission of parent and provider, results shared. Neutral party such as University staff or student could carry out in provider's home.	Pilot designed twelve month follow-up assessment.
20. ASSESSMENT OF THE TOTAL TRAINING PROCESS--AT THE END OF FOURTH MONTH OF TRAINING.	their opportunity to give needed feedback as to the success and worth of the training.	opportunity to give feedback on benefits or problems and how much adapting was necessary in their regular schedule?	opportunity for their input to the problems or benefits of the pilot for their child or themself.	opportunity to tell the dis(advantages) of the Pilot for them personally.	Pilot arranges.			

COMPONENT	BENEFIT TO:				PILOT		PHASE OUT	ON ITS OWN
	PROVIDER	COMMUNITY RESOURCE	PARENT	VOLUNTEER	1ST 6 MOS.	EXPAND IN SAME COMM.-2ND 6MOS.	1ST 6 MOS. AFTER PILOT	6 MOS. AFTER PILOT ONWARD
21. PROVIDE CERTIFICATE FOLLOWING THE FOUR MONTH TRAINING.	-very important to receive a tangible reward, -self-esteem is raised.	a tangible demonstration of training completed now can be considered in substitute "pool."	tangible demonstration of training completed now this provider can now be placed on a referral list in their community.		Pilot arranged, given during a ceremony at "pot luck" supper last week of four month training.	Not Applicable.	N/A	N/A
22. NETWORK OF QUALITY HOMES.	the system identifies them to parents in their neighborhood.	a resource which could be used for emergencies and/or substitutes.	offered some basis on which to judge providers; knows provider has had at least four months of training.	offered an alternative to the day care center.		Pilot has developed the network of first sixteen providers.	Now a network of thirty-two providers by word-of-mouth sends new providers to call "helping hand" for training suggestions.	"Helping hand" is the training resource person for interested untrained providers to call.
23. REFERRAL LIST IN NEIGHBORHOOD	provider's services made known to parents.	would assist with substitutes "pool", knowning who to call.	knows the particular days each provider is avialable.			One of first sixteen identified as the "helping hand" will keep referral list of the other sixteen up-dated. Incentive to "helping hand": free pass to pilot adult classes.	Add second sixteen trained providers. Incentive: free pass to workshops; agency user of list pays "helping hand."	Agency user of list pays "helping hand."
24. PROVIDERS PAIRED FOR SUBSTITUTING	freedom for daytime appointments or illness.		knows there will be consistency of care.		Providers have many opportunities to meet.	Sixteen have received training, and can be paired.	Pairs can be arranged among all thirty-two trained.	"Helping hand" assists with pairing.

Assessment process will be continued with the second group of providers.
D,p.10

IMPLEMENTATION PLAN FOR "SATELLITE" MODEL

MONTH ONE

- Office established in Pilot neighborhood (in or as close to the facility to be satellited to as possible).

- Job openings publicized in Post, Enquirer, Herald, area or neighborhood newspaper; radio; personal contact with neighborhood clergy, council, child care agencies, etc. Initiate active recruitment.

- Hire secretary as soon as possible to have telephone covered (answering service for a week or so during the secretary hiring process).

- After secretary is hired, she can do some initial job screening (using Pilot designed screening criteria) in response to telephone calls or visits.

- Project director will begin interviewing screened applicants for the two positions of home visitor.

- When interviewing is narrowed to the top three applicants the project director will ask a committee to join her in the final interview process. The committee to be composed of: (1) the director of the child care agency to which day care providers will be satellited, (2) a representative from the community (possibly a parent of a child at the center or in a day care home) and (3) the project director. As the home visitors will be working directly with people in the community, it is important to have these positions filled by people who can work compatibly within the neighborhood.

- During the screening and interviewing process, the project director will develop an orientation and training package for the home visitors. Some of the topics to be covered in this orientation would include:

  a. treating with respect the opportunity to go into the provider's home,

  b. once in the home, being a positive resource, reinforcing the provider in the many tasks she does well (no one else normally comments on this as she is alone with the children all day),

  c. suggestions, alternatives of how to introduce new materials, new ideas to the provider to assist her without saying she is doing the wrong thing,

  d. confidentiality of information received, very important when assigned to several homes in a close community; overall professionalism of the job,

  e. child development basics - some refresher sessions,

  f. how to help provider make the best use of the materials she has at home,

g. basic management techniques and how to assist the provider with:
   - keeping paid bills for child care expenses for IRS documentation and
   - suggestions for purchase of food,

h. familiarising total staff with resources in the community helpful to the provider.

Project director will also develop the Initial Assessment Forms to be used with the provider and the day care children. A variety of forms are collected in the packet "Organizing Tools for Family Day Care Homes" as published by Day Care and Child Development Council of America.[1] These forms would be used as the primary resource for designing forms relevant to Hamilton County and the model of care we are considering. Purpose of the Initial Assessment is to determine what materials and resources are available to the provider and the day care children. As the provider attempts to present a well-rounded day care experience to the children, there may be some gaps which could be identified and addressed through the training sessions.

For example, the provider may have few toys or materials appropriate for an infant. She may not know what is typical behavior for a three year old and therefore have difficulty accepting the behavior she sees with this three year old; she needs information on "norms" for three year olds, what can be generally expected. She may need information on how to claim herself as a small business operator.

It would be emphasized that the purpose of the assessment process is to aid the Pilot program and the home visitor in particular, in developing training which will fill an existing gap. If the home visits are going to be individualized, the home visitor needs some information. To reduce fear or anxiety on the provider's part, the Initial Assessment would be carboned so that the provider would keep a copy and the home visitor would keep a copy. A clear distinction would be made that this is a helpful tool but in no way a test. It will be referred to during the home visits by the home visitor as rationale for bringing particular materials or sharing information on a specific identified need. In fact, the home visitor may ask the provider to keep her copy in a place where she can easily find it so the two together may occasionally refer to it and see how many needs have been addressed. It becomes a yardstick by which both provider and home visitor can see the progress being made. Certainly, additional resources and information beyond the identified needs in the Initial Assessment would be given to the provider, but the Assessment would be a foundation on which to build.

Project director will begin making arrangements with the center director on items such as:

a. equipment and materials in storage which could be rotated out to providers' homes on a loaner basis,

b. schedule use of rooms for group times when a small number of providers and day care children will gather at the center,

c. determine amount or style of in-service training presently scheduled for the center staff over the next few months - how could these topics be helped by films or speakers, which the Pilot would use with training providers; what topic areas concerning training could both the center and the Pilot coordinate to benefit each? It would be important to develop an understanding in this area as soon as possible for several reasons:

1. To adapt, or change planned schedules as early as possible to be able to make the fullest use of the resources of both center and Pilot programs,

2. To demonstrate a sincere willingness on the part of the Pilot to be able to benefit the center (during a time period when requests for use of center space are being made).

- After the orientation and training package for the home visitors had been outlined, the project director would make the necessary arrangements for any resource speakers.

  Examples of these resource speakers might be: (1) the center director, familiarising the home visitors with the center policies and program, (2) a day care home provider identified as a model (probably from another neighborhood) who would be valuable in helping the home visitors realize some of the components or characteristics of a quality day care home here in Hamilton County.

- Initial contact would be made with the agencies which have volunteer screening for vision and hearing to determine if the center and Pilot providers could be placed on the agency's schedule to be screened at the center location. Although the actual screening would not take place for several months, advance scheduling would be necessary.

- An outline for training neighborhood volunteers would be developed. Once this agenda of topics was written, the project director would contact the center director to discuss jointly the outlined training. Here, the center director's knowledge of this particular community and past volunteer support would be most valuable.

  The trade offs might be that the Pilot project would have time to recruit and train volunteers who, through the "Satellite" System, would also benefit the center.

MONTH TWO

- By the end of month one, the two home visitors would be hired and ready to begin orientation and training.

- The first two weeks of month two would be devoted to a thorough orientation of the day care home philosophy. (See Appendix D, IV , D, p.22, Outline of Training Topics).

- The project director would contact resource people in the community (clergy, recreation centers and community councils) for assistance in identifying day care home providers.

- These identified providers would be contacted in person or by telephone by the director or home visitors. (From several reports, we understand that despite publicity of a program by mass media, the majority of providers recruited joined the program through personal contact).

- An initial screening process would help the Pilot focus on those providers caring for infants. Criteria basic to the Pilot might be:

    1. Provider caring for at least one infant under the age of eighteen months at the time of recruitment.
       Rationale: This Pilot is focusing on the infant caregiver, attempting to introduce the provider to new approaches, activities and alternatives for infant care,

    2. Provider caring for not more than two children total.
       Rationale 1 : By the survey findings 32% of all "regular care" infants were cared for alone and 20% more were cared for with one other child, indicating we should be able to recruit providers meeting these criteria,

       Rationale 2: Physical mobility of the provider and attention which can be given to a home visitor would definitely be reduced if more than two children are receiving care at one time.

    3. The provider would be told or shown the schedule of the four month training and any questions would be answered. The intent would be to have the potential trainee fully aware of the intensity of the program so that those not interested would voluntarily ask not to be included for consideration in the Pilot. The initial screening would be frank and no attempt would be made to encourage a "doubter" to join.

       NOTE: The above three criteria would be the ideal basis on which the Pilot would screen providers. In the event that "enrollment" was very low at the time of the first month of training, individual exceptions to any one of these criteria might then be considered. However, heavy emphasis on recruitment abiding by the three stated criteria would precede such decisions.

- When providers passed the screening of the three basic Pilot criteria, they would be personally interviewed, either at the office or their home (their choice for the initial contact) and the Pilot designed Initial Assessment Form would be jointly filled out by the home visitor and provider with the provider receiving a copy to keep.

- After eight to ten of the Initial Assessment Forms have been completed and returned to the office, the home visitor and project director could begin reviewing them, grouping and prioritizing the training needs listed. These expressed needs of the Pilot providers plus topic areas the staff felt were important to include would then form the framework for training topics. As the remainder of the Pilot providers were interviewed and completed the Initial Assessment Form, their responses would also be grouped and included in the training topics listed. It would be anticipated that the sample of eight to ten assessments originally reviewed would have need categories listed adequately representing all sixteen of the completed assessments. However, as the final six or eight assessments were categorized, any clustering of needs not previously included in the training topics would be considered for inclusion. This compiling of training needs based on the Initial Assessments would give Pilot staff a good indication of the general interest areas of the providers. It would then be possible to start collecting resource materials on these designated topics and to consider if resource people from the Hamilton County area could or would be involved in the training process. Pilot staff could use the one or two topics most frequently mentioned to kick off the eight week adult training session.

- During the meeting between provider and home visitor to complete the Initial Assessment, a time would also be established for the weekly home visit, to begin the first week of the Pilots' third month.

MONTH THREE

- As home visitors begin their weekly visits to providers' homes they would bring the listing of topics from the Initial Assessments and ask the provider to prioritize the topics as each saw their importance. When each provider had ranked the topics, Pilot staff would review them and draw up a training schedule for the adult classes. This schedule would be printed and distributed to providers during another home visit in their first training month.

- The project director, having at least a tenative schedule to follow, would make specific arrangements for the first several adult classes.

- The initiation of home visits would start the cycle of loaner toys and equipment into providers' homes. As previously arranged, some toys for pre-schoolers from the center could be rotated into the home. The Pilot would also purchase toys, particularly for infant stimulation. Home visitors would demonstrate the toy to the provider, describing the particular skill it would help develop in the infant. Suggestions would accompany every purchased loaner toy as to how materials found in the home could be used to develop the same skill. Often, a sample homemade toy could be demonstrated during the visit and the provider would be

- encouraged to think of other materials which could develop the indicated skill. An example might be a purchased cradle gym which ties over the crib. The home visitor could show the provider how a similar toy could be made using elastic fastened across the crib with a variety of safe materials attached to it, such as colorful soft plastic "pop-it" beads to be mouthed or grasped.

- Idea sheets (a one or two page listing of activities, songs and materials to make) would be given to the provider each week after the home visitor had discussed it with her.

- Home visitors would ask providers to share activity ideas, recipes or experiences they would like to contribute to the Newsletter. The Day Care Provider Newsletter (probably one page) would then be edited the last week in the month and ready for distribution at the first adult class. The Newsletter would serve several purposes:

    a. It would be a tangible evidence that the providers were now part of a system, that they had a method by which ideas could be shared,

    b. It would serve as one method to help introduce providers, to stimulate discussion at the initial adult class,

    c. It could be used as publicity for the Pilot, being posted on bulletin boards or in laundromats,

    d. It could be mailed to potential volunteers as a means to introduce them to the Pilot.

- The first month of home visits would serve as a "get-acquainted" month. The home visitor would be accomplishing several things with her visits. She would be:

    a. introducing the provider to new ideas and new materials to use with her day care children,
    b. providing a "sounding board", someone the provider could objectively talk with concerning her responsibilities, problems and successes as a day care mother.(From reports across the country, one of the drawbacks of the provider's job is the isolation, the lack of communication with other providers.)

    c. having the opportunity to see the provider in her natural home setting. How close was the match between what the provider stated as needs on the Initial Assessment Form and her actual situation? What additional needs does the home visitor see which may be important to know for future home visits or the adult classes?

- The home visitors time back at the office is partly used to write notes on their visits, to be put in <u>their</u> file of the providers they have visited. The purpose of the home visitor's notes would be to:

(1) assist the visitor to bring appropriate materials on her next visit and (2) to serve as a valuable documentation of the progress of each provider and child. Which methods were most successful with each; what ideas or materials were well received? Notes make it possible to : refer back to prior events, reduce duplicating unsuccessful visits and have an accumulated record from which information can be shared with the provider.

- Home visitors also need time at the office to collect the materials they will take out on their next visit. In some cases, as indicated earlier, the activity may involve making a material before being able to use it for demonstration.

- Although the home visitor individualizes her approach with each provider, most providers will be receiving information on similar topic areas during approximately the same week. A sequence of topics as well as toys will be introduced to the provider each week; for some providers, a new topic can be introduced each week; for others, more time may be desired. Home visitors may, on request or when they see the need, introduce a topic or materials to an individual provider which are not included in the usual sequence. This would be an attempt to individualize, and in most cases it would be in addition to the sequenced information. Since providers will be meeting as a group for the adult classes, it will be important for all to have a common frame of reference.

MONTH FOUR

- The project director will begin conducting the two hour weekly series of eight adult classes, incorporating the topics identified in the Initial Assessment. The home visitors will have determined from polling the providers what seems to be the most agreeable time for the classes, day or evening, and the majority wish will be respected. Transportation will be arranged if such is necessary, either via staff or by pairing two providers. For those providers who did not indicate a preference for the time chosen, assistance in caring for the day care children will be provided if it is necessary. First an attempt would be made to have a volunteer provide this service; however, if it were unsuccessful, a paid source would be used.

- Priority for the meeting place would be given to the center facility. There are several reasons for this:

  a. the aim of the "Satellite" Model is to help the provider begin to identify with being part of a system, to identify and feel a part of a neighborhood child care program,

  b. the likelihood of providers coming to training sessions would probably increase by coming to a facility in their neighborhood (particularly if the classes could be scheduled in the evening),

  c. the staff from the center might be interested in the classes if they were at their facility.

- Both home visitors will be required to attend the adult classes (they will be credited the two hours in a day if it is an evening class). The benefits of this requirement are:

    a. that this whole Pilot be a group learning process; the home visitors are learning as well as the providers,

    b. that it is important to be familiar with the content and experience of the classes,

    c. that communication between provider and home visitor may be improved by the opportunity to meet without children present.

- The first Newsletter will be distributed. After providers have seen a copy, they may have comments, criticism, or may wish to assist with the next issue (any of these responses would be encouraged)!

- The project director will initiate active recruitment of neighborhood volunteers to assist with two projects in particular:

    a. caring for the day care children for some period of the two hour group session at the center to begin the fifth month (freeing the providers to see a movie or hear a speaker) or,

    b. locating, repairing or purchasing equipment such as high chairs, cribs or strollers to become a part of the loan service.

- After several volunteers have been identified, the project director would conduct an orientation and training for them in two sessions of four hours each. The reasons for the sessions would be:

    a. that it is important in a Pilot to have all the people involved in any regular, ongoing manner clearly understand the purposes of the Pilot,

    b. that too often, day care situations are so desperate for volunteers that when anyone appears, they are rushed into a work situation immediately, a disservice to the volunteer who knows only as much about the program as the one particular task to which they were assigned,

    c. that directors of centers, trying to juggle many responsibilities at once, often have little time to give toward training, let alone recruiting, volunteers,

    d. that it would provide an opportunity for the volunteers to be introduced to the center director and to become familiar with the center's program and policies before working there,

e. that this would be a service which the Pilot could offer to the center (in some partial exchange for use of the building). Although the short term goal of the volunteer recruitment and training would be to assist the "Satellite" Model, the long term spinoff would be that a volunteer,who originally was attracted to an innovative Pilot, would eventually stay to lend their trained services to the center.

MONTH FIVE

- This would be the month when all Pilot trainings would be in operation: the adult classes, the home visits and the center group times.

- The two hour adult classes would continue.

- The weekly home visits would be reduced to twice a month and the exchange of loaner toys would continue.

After two months of weekly home visits and one of these months with class, there will have been an intense impact on the provider. The pace will have been gradually accelerated. Initally, there was only a once-a-week visit by the home visitor into the providers' home; that was safe, the provider didn't have to extend herself much, just open her door. In the second month of training, adult classes were added. That took some initiative to come out to a meeting with strangers but there was some anticipation, it was an opportunity to meet and talk with other providers in her neighborhood; the home visitor whom she had seen weekly last month would be there.

- The group experience at the center would begin this month, the day and time having been previously arranged at the best mutual time for center director and the majority of providers.

This would be the time in the training cycle to help the provider move out into her neighborhood, feeling good about herself with some of the support the Pilot has given her. She would have an opportunity at the center to discover a neighborhood resource she may never have been to, or had reason to attend. Rather than be threatened by the size,strangers or organized programs at this stage, it would hopefully be a good learning experience.

MONTH SIX

As was indicated in the plan for month five, the provider would have been introduced to all components of the program by the end of that month. In the sixth month, the adult classes would end. As the four months training would near completion, the emphasis would be to assist the provider to "phase out" from dependence on the Pilot staff. The last week of the training period would be used for completing the Final Assessment Forms and for the potluck supper at which the training certificates would be presented.

APPENDIX D, III

"Satellite"Schedule

The four month training cycle would begin in the third month of the Pilot and extend to the sixth month; the cycle would repeat in the eighth month through the eleventh month.

Key to the "Satellite" Schedule Chart:

X= The day care provider.
O= The Pilot home visitor.
O^1= Home visitor number one.
O^2= Home visitor number two.
E= Evaluation by the Pilot staff.
A= Assessment by the Pilot staff.

APPENDIX D, I

"SATELLITE" SCHEDULE

COMPONENTS	MONTH ONE	MONTH TWO	MONTH THREE				MONTH FOUR				MONTH FIVE				MONTH SIX				MONTH SEVEN			
EVENING ADULT CLASSES 2 HRS.	INTERVIEW	STAFF					X O	X O	X O	X O	X O	X O	X O	X O POTLUCK				CERTIFICATE				
HOME VISITS		TRAINING	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}	X O^{2}	O^{1}	X O^{2}	O^{1}	X O^{2}		X	12	X O^{1}_{2} A	X O^{1}_{2}	X O^{1}_{2}	X O^{1}_{2}
CHILD/PROVIDER VISITS AT THE NEIGHBORHOOD RESOURCE	SHARE											X O^{2}		X O^{2}		X O^{2}		X O^{2} X 4				
OTHER SERVICES																		36				
TRAIN VOLUNTEERS	STAFF	RECRUIT					RECRUIT		TRAIN	TRAIN	TRAIN											
LOAN SERVICE EQUIPMENT TOYS		PROVIDERS	CONTINUOUS					COLLECTION					DISTRIBUTION									
NEWSLETTER							PUB-LISH					PUB-LISH				PUB-LISH						
ASSESSMENT		A																A	E	E		

APPENDIX D, IV

SUGGESTED OUTLINE OF TOPICS FOR ORIENTATION TRAINING OF HOME VISITORS

A. Orientation to Day Care Home Philosophy
   (1) What is Family Day Care?
       What are the opportunities and limitations of this type of child care?
   (2) What are some good examples of the Day Care "Home" Model in other parts of the country?
       (a) Denver, Colorado
       (b) Pacific Oaks, California
       (c) Ithaca, New York
       (d) Gloucester, Massachusetts
   (3) What are good visual resources?
       (a) Movie from Head Start on Day Care Homes in West Virginia.
       (b) Movie by Tompkins County Day Care and Child Development Council.
   (4) What are the possibilities, what are the components, of a quality day care home?
       A model provider in Hamilton County can speak to this issue.

B. Probable Areas of Need for Day Care Home Providers in Hamilton County.

Until a system is in operation to identify day care home providers in the Hamilton County Area, we have no firm basis on which to determine the training needs of providers here. However, we do have reports from several operating models around the country and the expressed needs seem to cluster around several concerns.

As stated by Day Care Mothers in Tompkins and Nassau County, New York:

(a) An opportunity to meet and talk with other providers,
(b) A central referral system,
(c) Trained substitutes,
(d) Career training opportunities,
(e) Activities for children of different ages in the same home,
(f) Help in solving problems with the natural parents and
(g) Want to be involved in planning and training designed for them.

As expressed by Providers in Pacific Oaks, California area:
The opportunity to feel and receive recognition in the community that they are "more than just a babysitter."

These in addition to:
more knowledge of and contact with resource services in Hamilton County.

"HOME" MODEL

PROGRAM COMPONENTS

1. Loaner toys, materials and equipment with an Idea Sheet will be brought on each visit.
2. Loaner books from the nearest branch of the public library will be used.
3. There will be examples of "homemade" activities for the caregiver to see and duplicate if so desired in her own home.
4. There will be collection of information to assemble in a newsletter.
5. Time management technical assistance will be offered concerning how to systematize day care records and income tax information.
6. The home visitors will serve as a "sounding board" to listen to, and then react to the caregiver.
7. Provider can receive credit for in-service training through documentation of skills: menu planning, activity planning, and use of community resources.
8. A developmental checklist will be used by the caregiver; it will provide a brief documentation of baby's progress, tangible feedback to the caregivers as well as the parent.
9. A "We Care" dinner will be an incentive to encourage communication between the parent and caregiver, a fun evening to socialize; there will be a resource person following dinner.

Daily Time Schedule

Monday through Friday

Daily Schedule	Daily Activities
9:00 a.m. - 10:00 a.m.	-materials stocked in the van in order, -gather the day's equipment,
10:00 a.m. - 12:00 M.	-make two home visits,
12:00 M. - 2:00 p.m.	-staff lunch staggered, write up notes, and order supplies,
2:00 p.m. - 4:00 p.m.	-make two home visits,
4:00 p.m. - 5:00 p.m.	-"Office Hour" both home visitor staff available for phone calls.

CATEGORIES OF BIBLIOGRAPHY

ATTENTION (1) page
AUDITORY STIMULATION (4) pages
CARE (14)
CAREGIVER (2)
CONFERENCE PAPERS (1)
CROSS CULTURAL and CLASS (3)
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